Australian hospital statistics 2011–12 presents a detailed overview of Australia’s public and private hospitals. In 2011–12, there were about 9.3 million separations from hospitals, including:

- 5.5 million same-day acute separations
- 3.7 million overnight acute separations
- About 433,000 sub-acute and non-acute separations.

There were also 7.8 million non-admitted patient emergency services and more than 45 million outpatient services provided by public hospitals.
HEALTH SERVICES SERIES
Number 50

Australian hospital statistics

2011–12

Australian Institute of Health and Welfare
Canberra
Cat. no. HSE 134
Foreword

I am pleased to present *Australian hospital statistics 2011–12*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about Australia’s public and private hospitals. A shorter companion report—*Australia’s hospitals 2011–12 at a glance*—accompanies this report. It provides a summary of the detailed information presented here, in a form accessible to a general readership.

The reports are based on the Australian Institute of Health and Welfare’s comprehensive national hospitals databases, which are also the source of data for hospital performance indicators reported by the Council of Australian Governments’ (COAG) Reform Council and by the National Health Performance Authority. The Steering Committee for the Review of Government Service Provision also uses these data for its *Report on Government Services*. The use of the Institute’s databases and robust processes with the jurisdictions to validate the data supplied for these (and other) purposes ensures that the performance indicators and statistics in this report are consistent with the national hospitals information reported elsewhere.

The Institute continues to work with national stakeholders to improve the usefulness, comparability and timeliness of the national hospitals databases, and their relevance to contemporary public policy debate on hospital service delivery. We look forward to continuing to work with data users and data providers on the data collections and on the presentations of information from them in our *Australian hospital statistics* suite of products.

David Kalisch
Director

April 2013
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Acknowledgments

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- Jenny Hargreaves (AIHW) (Chair)
- John Agland (New South Wales Ministry of Health)
- Paul Basso (South Australian Department for Health and Ageing)
- Neville Board (Australian Commission on Safety and Quality in Health Care)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Department of Health)
- James Downie (Independent Hospital Pricing Authority)
- Mark Gill (Victorian Department of Health)
- Jerry Hearn (Australian Government Department of Health and Ageing)
- Patrick Henry (Australian Capital Territory Health Directorate)
- Lynette Lee (clinical advisor)
- Jennifer MacNamee (National Casemix and Classification Centre)
- Jiten Mangal (Commonwealth Grants Commission)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Brian McLinden (Australian Bureau of Statistics)
- Rosangela Merlo (Victorian Department of Health)
- George Neale (Australian Private Hospitals Association)
- Julie Price (Department of Veterans’ Affairs)
- Elisabeth Sallur (Western Australian Department of Health)
- Veronica Snook (Northern Territory Department of Health)
- Paul Tridgell (Australian Healthcare and Hospitals Association)

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## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>ACHI</td>
<td>Australian Classification of Health Interventions</td>
</tr>
<tr>
<td>ACS</td>
<td>Australian Coding Standard</td>
</tr>
<tr>
<td>admwt</td>
<td>admission weight</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>ALOS</td>
<td>average length of stay</td>
</tr>
<tr>
<td>AMI</td>
<td>acute myocardial infarction</td>
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<tr>
<td>AR-DRG</td>
<td>Australian Refined Diagnosis Related Group</td>
</tr>
<tr>
<td>ARIA</td>
<td>Accessibility/Remoteness Index of Australia</td>
</tr>
<tr>
<td>ASGC</td>
<td>Australian Standard Geographical Classification</td>
</tr>
<tr>
<td>CC</td>
<td>complications and/or comorbidities</td>
</tr>
<tr>
<td>CCC</td>
<td>catastrophic complications and/or comorbidities</td>
</tr>
<tr>
<td>CDE</td>
<td>common bile duct exploration</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>CSCC</td>
<td>catastrophic or severe complications or comorbidity</td>
</tr>
<tr>
<td>DoHA</td>
<td>Department of Health and Ageing</td>
</tr>
<tr>
<td>DRG</td>
<td>Diagnosis Related Group</td>
</tr>
<tr>
<td>DVA</td>
<td>Department of Veterans’ Affairs</td>
</tr>
<tr>
<td>ECMO</td>
<td>extracorporeal membranous oxygenation</td>
</tr>
<tr>
<td>ECT</td>
<td>electroconvulsive therapy</td>
</tr>
<tr>
<td>g</td>
<td>grams</td>
</tr>
<tr>
<td>GP</td>
<td>general practitioner</td>
</tr>
<tr>
<td>HASAC</td>
<td>Health and Allied Services Advisory Council</td>
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<tr>
<td>HITH</td>
<td>hospital in the home</td>
</tr>
<tr>
<td>ICD-10-AM</td>
<td>International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification</td>
</tr>
<tr>
<td>IFRAC</td>
<td>admitted patient cost proportion (or inpatient fraction)</td>
</tr>
<tr>
<td>IRSD</td>
<td>Index of Relative Socioeconomic Disadvantage</td>
</tr>
<tr>
<td>ISO</td>
<td>International Organization of Standardization</td>
</tr>
<tr>
<td>MDC</td>
<td>Major Diagnostic Category</td>
</tr>
<tr>
<td>METeOR</td>
<td>Metadata Online Registry</td>
</tr>
<tr>
<td>MRSA</td>
<td>methicillin-resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>MSSA</td>
<td>methicillin-sensitive <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>NAPEDC</td>
<td>Non-admitted patient emergency department care</td>
</tr>
<tr>
<td>NCCC</td>
<td>National Casemix and Classification Centre</td>
</tr>
<tr>
<td>NEAT</td>
<td>National Emergency Access Target</td>
</tr>
<tr>
<td>NEST</td>
<td>National Elective Surgery Target</td>
</tr>
<tr>
<td>NESWTDC</td>
<td>National Elective Surgery Waiting Times Data Collection</td>
</tr>
<tr>
<td>NHA</td>
<td>National Healthcare Agreement</td>
</tr>
</tbody>
</table>
NHCDC  National Hospital Cost Data Collection
NHDD  National health data dictionary
NHISSC National Health Information Standards and Statistics Committee
NHMBWG National Health Ministers’ Benchmarking Working Group
NHMD  National Hospital Morbidity Database
NHPC  National Health Performance Committee
NHPF  National Health Performance Framework
NMDS  National Minimum Data Set
NNAPEDCD National Non-admitted Patient Emergency Department Care Database
NOCD  National Outpatient Care Database
NPHED National Public Hospital Establishments Database
NSABDC National Staphylococcus aureus bacteraemia Data Collection
NSW New South Wales
NT Northern Territory
OECD Organisation for Economic Co-operation and Development
OPC Outpatient care
OR operating room
PHEC Private Health Establishments Collection
PICQ Performance Indicators for Coding Quality
PPH potentially preventable hospitalisation
Qld Queensland
RSI relative stay index
SA South Australia
SAB Staphylococcus aureus bacteraemia
SCRGSP Steering Committee for the Review of Government Service Provision
SEIFA Socio-Economic Indexes for Areas
SES socioeconomic status
SLA statistical local area
SRG Service Related Group
SRR standardised separation rate ratio
Tas Tasmania
Vic Victoria
VMO visiting medical officer
WA Western Australia
W with
W/O without

Symbols

. . not applicable
n.a. not available
n.e.c. not elsewhere classified
n.p. not published
Summary

There were 1,345 hospitals in Australia in 2011–12. The 753 public hospitals accounted for about 68% of hospital beds (58,420) and the 592 private hospitals accounted for about 32% of beds (28,351, based on 2010–11 data).

Expenditure and funding

Public hospitals spent over $40 billion in 2011–12. Adjusted for inflation, expenditure increased by an average of 5.9% each year between 2007–08 and 2011–12.

Emergency department services

Between 2007–08 and 2011–12, the number of emergency services provided by public hospitals increased from 7.1 million to 7.8 million (an increase of 2.4% on average each year) and the number of public hospital emergency department presentations increased by an average of 4.3% per year.

Between 2007–08 and 2011–12, there was an 8% increase in the number of Emergency patients (clinical care is required within 10 minutes) and a 6% increase in the number of Urgent patients (clinical care is required within 30 minutes).

Over the same period, the proportion of emergency department presentations that were treated within an appropriate time increased from 69% to 72% and the median waiting time decreased from 24 minutes to 21 minutes.

In 2012, about 66% of emergency department visits were completed in 4 hours or less.

Admitted patient care

In 2011–12, there were almost 9.3 million separations from hospitals for admitted patients—5.5 million in public hospitals and 3.7 million in private hospitals.

The number of separations increased by 3.8% on average each year between 2007–08 and 2011–12 for public hospitals, and by 4.6% for private hospitals. Western Australia had the greatest average annual increase in public hospital separations (6.4%) and Tasmania had the least (0.9%).

Between 2007–08 and 2011–12, emergency admissions increased at a higher rate than overall for public hospitals and at a lower rate for private hospitals (4.1% and 3.2% per year, respectively).

In 2011–12, persons aged 85 and over accounted for about 7% of all separations, with numbers of separations increasing by an average of 9% each year between 2007–08 and 2011–12.

Surgery

In 2011–12, there were 2.4 million admissions that involved a surgical procedure. Of these, about 295,000 were emergency admissions.

Indigenous Australians had about twice the rate of emergency admissions involving surgery compared with other Australians (25 per 1,000 persons and 13 per 1,000, respectively). In contrast, for elective admissions involving surgery, Indigenous Australians had a rate that was less than two-thirds the rate for other Australians (54 per 1,000 persons and 87 per 1,000, respectively).
1 Introduction


*Australia’s hospitals 2011–12 at a glance* (AIHW 2013c) accompanies this report and presents a summary of the information from this report.

Data sources

The AIHW has undertaken the collection and reporting of the data in this report under the auspices of the Australian Health Ministers’ Advisory Council, through the National Health Information Agreement. Most of the data collected were as specified in the National minimum data sets relating to hospitals.

The AIHW uses the data supplied by state and territory health authorities to assemble six databases which form the foundation for the Institute’s statistical reporting on hospitals:

- the National Public Hospital Establishments Database, covering resources, expenditure and revenue for public hospitals
- the National Hospital Morbidity Database (NHMD), covering the diagnoses and other characteristics of admitted patients, and the care they received in public and private hospitals
- the National Non-admitted Patient Emergency Department Care Database, covering emergency department care and waiting times for selected public hospitals
- the National Elective Surgery Waiting Times Data Collection, covering waiting times and other characteristics of elective surgery in public hospitals
- the National Outpatient Care Database, covering services provided to non-admitted, non-emergency department patients in outpatient clinics of selected public hospitals.
- the National *Staphylococcus aureus* bacteraemia (SAB) Data Collection, covering counts of cases of SAB for each public hospital covered by SAB surveillance arrangements, and for private hospitals that chose to provide data.

Detailed information about the AIHW’s hospital databases is in Appendix A, and in the Data Quality Statements accompanying this report online at <www.aihw.gov.au>.
Box 1.1: Data limitations

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Statistics may be affected by variations in reporting practices across states and territories and over time. Where possible, these variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

Structure of this report

The broad topics addressed in the report are:

- changes on resources and activity over time (Chapter 2)
- performance indicators (Chapter 3)
- hospital resources (including the number of hospitals, hospital beds, expenditure, resources and staffing) (Chapter 4)
- emergency department services (Chapter 5)
- outpatient services (outpatient clinics and other non-admitted services that hospitals provide) (Chapter 6)
- admitted patient care (Chapter 7), including:
  - same-day acute separations (Chapter 8)
  - overnight acute separations (Chapter 9)
  - surgical separations for elective and emergency admissions (Chapter 10) and sub- and non-acute care (Chapter 11).

Appendix A provides summary information on the AIHW’s hospitals databases, the hospitals included in each of the databases, the categorisation of hospitals as public or private and the quality and comparability of the data.

Appendix B includes notes on the presentation of data, the population estimates used to calculate population rates and analysis methods.

Appendix C provides summary information on the Department of Health and Ageing’s 2009–10 National Hospital Cost Data Collection (NHCDC). The NHCDC is the source of Australian Refined Diagnosis Related Groups (AR-DRG) cost weight and average cost information.

Appendix D presents information on episodes of admitted patient care using the Service Related Group (SRG) classification.
Comparisons between public and private hospitals

Most chapters contain data for both public and private hospitals. However, chapters 5 and 6 present information only for public hospital non-admitted patient care including emergency department care and outpatient clinics.

In particular, chapters 7 to 11 on admitted patient care present many comparisons of the numbers of separations, patient days and separations per 1,000 population for public and private hospitals.

Chapter structure

The chapters are structured to address a common set of questions concerning the source data for each chapter, with section titles that include:

- What data are reported?—which outlines the data sets used to inform the chapter.
- What are the limitations of the data?—which provides caveats that should be considered when interpreting the data presented.
- What methods were used?—which outlines issues such as inclusions and exclusions of records and calculation methods, with references to more detailed information in the technical appendix.

The data presentations that follow these sections address, where possible, the following questions:

- How has activity changed over time?
- How much activity was there in 2011–12?
- Who used these services?
- How did people access these services?
- How urgent was the care?
- How long did people wait for care?
- Why did people receive the care?
- What care was provided?
- What was the safety and quality of the care?
- How long did patients stay?
- What was the cost of the care?
- Who paid for the care?
- How was the care completed?

Generally, summary tables and figures are placed immediately below the discussion in related text. Where appropriate, tables and figures within the chapter are accompanied by footnotes referring readers to more detailed statistical tables at the end of the chapter, or accompanying the report online at <www.aihw.gov.au/hospitals/>.

Additional online data

This report is available on the AIHW website at <www.aihw.gov.au/hospitals/>. The report and the companion Australia’s hospitals 2011–12 at a glance are presented in PDF format and all tables are available as downloadable Excel spread sheets. Australia’s hospitals 2011–12 at a
**glance** is also available in HTML format on the website, and is updated whenever new data are available.

The website also includes additional data in Excel spread sheets on diagnoses, procedures and AR-DRGs for admitted patients. Some of the report’s tables are presented with more detail online. For example, some online tables present separations in 5-year age groups rather than 10-year age groups.

### Interactive data cubes

The website also has interactive cubes of data from the NHMD, which allow users to specify tables and graphs as required. These include:

- **Principal diagnoses:**
  - 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)

- **AR-DRGs:**
  - version 4.0/4.1/4.2 for 1997–98 to 2004–05
  - version 5.0/5.1/5.2 for 1998–99 to 2009–10
  - version 6.0/6.0x for 2010–11 and 2011–12.

- **Procedures:**
  - 2000–01 and 2001–02 (using ACHI 2nd edition to classify procedures)
  - 2002–03 and 2003–04 (using ACHI 3rd edition to classify procedures)
  - 2004–05 and 2005–06 (using ACHI 4th edition to classify procedures)
  - 2006–07 and 2007–08 (using ACHI 5th edition to classify procedures)
  - 2008–09 and 2009–10 (using ACHI 6th edition to classify procedures)

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same-day and overnight), patient days and average length of stay, by age group, sex and year of separation for each principal diagnosis or AR-DRG.

The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether the procedure was undertaken on a same-day basis.

Online interactive data are also available for:

- public hospital establishments with beds, financial and staffing measures for 2003–04 to 2011–12
- elective surgery waiting times summary statistics for:
  - reason for removal from waiting lists (2002–03 to 2011–12)
  - surgical specialty (2001–02 to 2011–12)

### Updates

At the time of writing, 2011–12 cost weights and average costs were not available for AR-DRG version 6.0x, which was used in tables in this report that present data for Diagnosis Related Groups and Major Diagnostic Categories. Therefore, 2009–10 public and private sector cost weights based on AR-DRG version 6.0x were used for the public and private
sectors in analyses that required the application of cost weights (such as the ‘Cost per casemix-adjusted separation’ analysis in Chapter 3).

Online tables and interactive data cubes are also updated in the event of errors being found in the report after publication, or if data are resupplied by states and territories after release of the publication.
2 Overview: 2007–08 to 2011–12

This chapter presents an overview of hospital resources and activity between 2007–08 and 2011–12.

What data are reported?

Resources

Data on hospital resources include the number of public and private hospitals, the number of public and private hospital beds, and public hospital expenditure, revenue and staffing.

Information on public hospital resources was sourced from the National Public Hospital Establishments Database (NPHED) (see Appendix A). Information on health expenditure for 2010–11 was sourced from Health expenditure Australia 2010–11 (AIHW 2012e). Some information on private hospital resources was sourced from the Australian Bureau of Statistics’ (ABS) Private Health Establishments Collection (PHEC) for 2010–11 (ABS 2012). Private hospital available beds, staff, occasions of service, expenditure and revenue information for 2011–12 were not available at the time of publication.

Activity

Data on hospital activity include summary information on non-admitted and admitted patient activity in public and private hospitals.

Information on non-admitted patient services in public hospitals was sourced from the NPHED. Information on non-admitted patient services in private hospitals was sourced from the Private hospitals Australia reports published by the ABS.

Information on admitted patient services was derived from the National Hospital Morbidity Database (NHMD) for both public and private hospitals.

More time series data for the years 2007–08 to 2011–12 by states and territories are included in:

- Chapter 5 for emergency department care
- Chapter 6 for non-admitted patient services
- Chapter 7 for admitted patients in public and private hospitals
- Chapter 8 for same-day acute care in public and private hospitals
- Chapter 9 for overnight acute care in public and private hospitals
- Chapter 10 for admissions involving surgery and for public hospital elective surgery waiting times
- Chapter 11 for sub- and non-acute care in public and private hospitals.
Box 2.1: What are the limitations of the data?
The comparability of data on hospital resources and activity over time may be affected by changes in coverage and administrative and reporting arrangements. In addition, the comparability of data between states and territories may be affected by variations in admission practices and in recording practices. See Appendix A for more information.

Box 2.2: What methods were used?
- The hospital types reported in this chapter are Public acute hospitals, Public psychiatric hospitals, Private free-standing day hospital facilities and Other private hospitals.
- Time series data in this chapter show average annual changes from 2007–08 to 2011–12 (or the latest available year of data), and annual change between 2010–11 and 2011–12 (or the change between the two latest available years of data if the 2011–12 data are unavailable). Annual change rates are not adjusted for any changes in data coverage and/or re-categorisation of the hospital as public or private, except where noted in the text.
- Expenditure and revenue are shown in both current price and constant price terms. Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. The ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.
- Separations for which the care type was reported as Newborn (without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded from statistics on separations. Patient days for Newborns that were not qualified are excluded from the counts of patient days.
- Separations per 1,000 population and patient days per 1,000 population are reported as directly age-standardised rates based on the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 was used as the reference population. Age-standardisation of rates enables valid comparison across years and/or jurisdictions without being affected by the differences in age distributions.
- Average cost weight comparisons are based on the latest available public and/or private cost weights and the relevant AR-DRG versions applying to each year.
- The relative stay index (RSI) is calculated as the actual number of patient days for separations in selected AR-DRGs (version 6.0x) divided by the expected number of patient days (based on national figures for the years 2007–08 to 2011–12 combined) and standardised for casemix.
- For reasons of confidentiality, data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have not been published. See Appendix B for more information.
Hospital resources 2007–08 to 2011–12

How many hospitals?

In 2011–12, there were 753 public hospitals compared with 762 in 2007–08. There were 593 private hospitals in 2010–11, compared with 564 in 2008–09 (Table 2.1).

More information on the types of hospitals, and their distribution by state and territory in 2011–12 is in Chapter 4.

Table 2.1: Public and private hospitals(a), 2007–08 to 2011–12

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<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Public acute hospitals</td>
<td>742</td>
<td>737</td>
<td>736</td>
<td>735</td>
<td>736</td>
<td>–0.2</td>
<td>0.1</td>
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<td>Public psychiatric hospitals</td>
<td>20</td>
<td>19</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>–4.0</td>
<td>0.0</td>
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<tr>
<td><strong>Total</strong></td>
<td>762</td>
<td>756</td>
<td>753</td>
<td>752</td>
<td>753</td>
<td>–0.3</td>
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<tr>
<td><strong>Private hospitals(b)</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Private free-standing day hospital facilities</td>
<td>n.a.</td>
<td>285</td>
<td>302</td>
<td>314</td>
<td>n.a.</td>
<td>2.5</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>n.a.</td>
<td>279</td>
<td>279</td>
<td>279</td>
<td>n.a.</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>n.a.</td>
<td>1,320</td>
<td>1,334</td>
<td>1,345</td>
<td>n.a.</td>
<td>1.3</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>n.a.</td>
<td>1,320</td>
<td>1,334</td>
<td>1,345</td>
<td>n.a.</td>
<td>0.5</td>
<td>0.8</td>
<td></td>
</tr>
</tbody>
</table>

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see Appendix A).

(b) Private hospital information was sourced from the Australian Bureau of Statistics’ Private hospitals Australia reports (ABS 2010, 2011, 2012).

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How many beds?

Between 2007–08 and 2011–12, public hospital bed numbers rose overall (an average of 0.9% per year), and beds per 1,000 population decreased (an average of 0.6% per year).

From 2009–10, the number of available beds was reported separately as the number of same-day and overnight admitted patient beds. Same-day beds/chairs accounted for about 12% of available beds in 2011–12 (for state and territory data see Table 4.4, Chapter 4).

Data on the number of private hospital beds is not available for 2007–08 and was not available at the time of this report for 2011–12. Between 2008–09 and 2010–11, private hospital bed numbers rose by an average of 1.1% per year.
Table 2.2: Public and private hospital beds and beds per 1,000 population(a), 2007–08 to 2011–12

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<thead>
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<td></td>
<td>Average since 2007–08</td>
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<tr>
<td>Public hospitals</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>54,137</td>
<td>54,382</td>
<td>54,812</td>
<td>55,789</td>
<td>56,582</td>
<td>1.1</td>
</tr>
<tr>
<td>Same-day beds/ chairs</td>
<td>n.a.</td>
<td>n.a.</td>
<td>6,235</td>
<td>6,582</td>
<td>7,023</td>
<td>n.a.</td>
</tr>
<tr>
<td>Overnight beds</td>
<td>n.a.</td>
<td>n.a.</td>
<td>48,577</td>
<td>49,207</td>
<td>49,559</td>
<td>n.a.</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>2,330</td>
<td>2,140</td>
<td>2,088</td>
<td>1,983</td>
<td>1,838</td>
<td>–5.8</td>
</tr>
<tr>
<td>Total</td>
<td>56,467</td>
<td>56,522</td>
<td>56,900</td>
<td>57,772</td>
<td>58,420</td>
<td>0.9</td>
</tr>
<tr>
<td>Beds per 1,000 population(b)</td>
<td>2.66</td>
<td>2.61</td>
<td>2.57</td>
<td>2.57</td>
<td>2.60</td>
<td>–0.6</td>
</tr>
<tr>
<td>Private hospitals(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>n.a.</td>
<td>2,495</td>
<td>2,822</td>
<td>2,957</td>
<td>n.a.</td>
<td>4.3</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>n.a.</td>
<td>24,685</td>
<td>24,926</td>
<td>25,394</td>
<td>n.a.</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>n.a.</td>
<td>27,180</td>
<td>27,748</td>
<td>28,351</td>
<td>n.a.</td>
<td>1.1</td>
</tr>
<tr>
<td>Beds per 1,000 population</td>
<td>n.a.</td>
<td>1.26</td>
<td>1.25</td>
<td>1.26</td>
<td>n.a.</td>
<td>0.1</td>
</tr>
<tr>
<td>All hospitals</td>
<td>n.a.</td>
<td>83,702</td>
<td>84,648</td>
<td>86,123</td>
<td>n.a.</td>
<td>0.7</td>
</tr>
<tr>
<td>Beds per 1,000 population(b)</td>
<td>n.a.</td>
<td>3.94</td>
<td>3.91</td>
<td>3.89</td>
<td>n.a.</td>
<td>–0.3</td>
</tr>
</tbody>
</table>

(a) Beds per 1,000 population is a crude rate based on the Australian population as at the beginning of the period (30 June).
(b) In 2010–11, Tasmania reclassified 76 beds from ‘acute mental health beds’ to ‘residential care beds’, decreasing both the number of beds and the number of separations reported for public psychiatric hospitals in Tasmania.
(c) Private hospital information was sourced from the Australian Bureau of Statistics’ Private hospitals Australia reports (ABS 2010, 2011, 2012).

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How were hospitals funded?

A summary measure of the significance of Australia’s hospitals is the amount that is spent on them—an estimated $49.7 billion in 2010–11, about 3.7% of Australia’s gross domestic product, or about $2,227 per person (AIHW 2012e).

Public hospital spending has been increasing faster than inflation—adjusted for inflation, it increased by 5.2% each year, on average, between 2008–09 and 2010–11.

The main sources of funding for public hospitals are the Australian Government, state and territory governments and non-government (including private health insurance and self-funded patients). Over the same period, after adjusting for inflation, public hospital funding from non-government sources increased by 8.0% on average each year (Table 2.3).

Between 2008–09 and 2010–11, spending on private hospitals increased by 5.5% on average each year. About 64% of private hospital funding was non-government and about 32% was provided by the Australian Government.
Table 2.3: Funding sources for public hospitals, constant prices, 2008–09 to 2010–11 ($ million)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Government</td>
<td>14,799</td>
<td>14,068</td>
<td>15,440</td>
<td>2.1</td>
<td>9.8</td>
</tr>
<tr>
<td>State/territory government</td>
<td>17,583</td>
<td>19,787</td>
<td>20,221</td>
<td>7.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Non-government</td>
<td>2,809</td>
<td>2,871</td>
<td>3,276</td>
<td>8.0</td>
<td>14.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35,191</td>
<td>36,726</td>
<td>38,937</td>
<td>5.2</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Government</td>
<td>3,044</td>
<td>3,360</td>
<td>3,477</td>
<td>6.9</td>
<td>3.5</td>
</tr>
<tr>
<td>State/territory government</td>
<td>377</td>
<td>386</td>
<td>449</td>
<td>9.1</td>
<td>16.3</td>
</tr>
<tr>
<td>Non-government</td>
<td>6,260</td>
<td>6,444</td>
<td>6,842</td>
<td>4.5</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,681</td>
<td>10,190</td>
<td>10,768</td>
<td>5.5</td>
<td>5.7</td>
</tr>
</tbody>
</table>


**Did hospital expenditure and revenue change?**

Financial data reported from the NPHED are not directly comparable with data reported in the *Health expenditure Australia 2010–11* (AIHW 2012e). In the latter, trust fund expenditure is included (whereas it is not included in the data here) and hospital expenditure may be defined to cover activity not covered by this data collection.

Recurrent expenditure for public hospitals in 2011–12 was $40 billion in current price terms (unadjusted for inflation), an increase of 8.7% from 2010–11 (Table 2.4). In constant price terms (adjusted for inflation) the average annual increase in recurrent expenditure for public hospitals was 5.9% between 2007–08 and 2011–12.

Total revenue for public hospitals increased in constant price terms by an average of 11.4% per year between 2007–08 and 2011–12.

For private hospitals, recurrent expenditure increased by 8.9% between 2008–09 and 2010–11 (unadjusted for inflation). Total revenue for private hospitals increased in constant price terms by 5.3% in the same period.
### Table 2.4: Recurrent expenditure\(^{(a)}\) and revenue ($ million), public and private hospitals, 2007–08 to 2011–12

<table>
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</thead>
<tbody>
<tr>
<td><strong>Total recurrent expenditure(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>32,141</td>
<td>33,721</td>
<td>34,970</td>
<td>37,872</td>
<td>40,384</td>
<td>5.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Private hospitals(^{(c)})</td>
<td>n.a.</td>
<td>7,616</td>
<td>8,624</td>
<td>9,610</td>
<td>n.a.</td>
<td>12.3</td>
<td>n.a.</td>
</tr>
<tr>
<td>All hospitals</td>
<td>n.a.</td>
<td>41,337</td>
<td>43,594</td>
<td>47,482</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>Total recurrent expenditure(^{(b)}), current prices</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>28,908</td>
<td>31,322</td>
<td>33,706</td>
<td>36,985</td>
<td>40,384</td>
<td>8.7</td>
<td>9.2</td>
</tr>
<tr>
<td>Private hospitals(^{(c)})</td>
<td>n.a.</td>
<td>8,137</td>
<td>8,946</td>
<td>9,610</td>
<td>n.a.</td>
<td>8.7</td>
<td>n.a.</td>
</tr>
<tr>
<td>All hospitals</td>
<td>n.a.</td>
<td>39,460</td>
<td>42,653</td>
<td>46,595</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>Total revenue, constant prices(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>2,992</td>
<td>3,204</td>
<td>3,548</td>
<td>4,020</td>
<td>4,617</td>
<td>11.4</td>
<td>14.9</td>
</tr>
<tr>
<td>Private hospitals(^{(c)})</td>
<td>n.a.</td>
<td>9,596</td>
<td>10,155</td>
<td>10,650</td>
<td>n.a.</td>
<td>5.3</td>
<td>n.a.</td>
</tr>
<tr>
<td>All hospitals</td>
<td>n.a.</td>
<td>12,800</td>
<td>13,703</td>
<td>14,669</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>Total revenue, current prices</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>2,691</td>
<td>2,975</td>
<td>3,420</td>
<td>3,925</td>
<td>4,617</td>
<td>14.4</td>
<td>17.6</td>
</tr>
<tr>
<td>Private hospitals(^{(c)})</td>
<td>n.a.</td>
<td>8,982</td>
<td>9,790</td>
<td>10,650</td>
<td>n.a.</td>
<td>8.9</td>
<td>n.a.</td>
</tr>
<tr>
<td>All hospitals</td>
<td>n.a.</td>
<td>11,957</td>
<td>13,210</td>
<td>14,575</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Excludes depreciation.

\(^{(b)}\) Expressed in terms of prices in the reference year 2011–12. The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure deflator was used for private hospitals.

\(^{(c)}\) Private hospital information was sourced from the Australian Bureau of Statistics’ Private hospitals Australia reports (ABS 2010, 2011, 2012). Average yearly increase is calculated for the period 2008–09 to 2010–11.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

### How many people were employed in public hospitals?

Between 2007–08 and 2011–12, the numbers of full-time equivalent staff employed in public hospitals in Australia increased by an average of 3.0% each year. There was variation in the relative size and direction of change across staff categories during this period (Table 2.5), with the greatest increase for the *Salaried medical officers* category (6.2%).
Table 2.5: Full-time equivalent staff, public hospitals, 2007–08 to 2011–12

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</thead>
<tbody>
<tr>
<td>Salaried medical officers</td>
<td>26,996</td>
<td>29,166</td>
<td>30,576</td>
<td>32,514</td>
<td>34,293</td>
<td>6.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Total nurses</td>
<td>107,089</td>
<td>111,870</td>
<td>113,938</td>
<td>119,126</td>
<td>123,368</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Diagnostic and allied health professionals</td>
<td>36,013</td>
<td>35,506</td>
<td>35,456</td>
<td>36,993</td>
<td>37,175</td>
<td>0.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Administrative and clerical staff</td>
<td>36,909</td>
<td>37,640</td>
<td>38,158</td>
<td>41,073</td>
<td>42,339</td>
<td>3.5</td>
<td>3.1</td>
</tr>
<tr>
<td>Other personal care staff, domestic and other staff</td>
<td>33,341</td>
<td>32,714</td>
<td>33,289</td>
<td>33,921</td>
<td>33,675</td>
<td>0.2</td>
<td>–0.7</td>
</tr>
<tr>
<td>Total staff</td>
<td>240,344</td>
<td>246,895</td>
<td>251,416</td>
<td>263,623</td>
<td>270,850</td>
<td>3.0</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Hospital activity 2007–08 to 2011–12

How much non-admitted patient activity?

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other services. These data should be treated with caution due to changes in reporting practices between 2009–10 and 2011–12. For more information, see Chapter 6.

Overall, the number of non-admitted patient occasions of service reported for Public acute hospitals increased by 2.3% per year between 2007–08 and 2011–12, while the number of non-admitted patient occasions of service provided by Private hospitals increased by 3.3% per year between 2008–09 and 2010–11 (Table 2.6).

How much admitted patient activity?

Admission to hospital is a formal process, and follows a decision made by a medical officer that a patient needs to be admitted for appropriate management or treatment of their condition, or for appropriate care or assessment of needs.

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care by being discharged, dying, being transferred to another hospital or by a change of care type.

Between 2007–08 and 2011–12, the overall number of hospital separations rose from 7.9 million to 9.3 million (Table 2.7). Over this period, the rate of growth in separations was higher for private hospitals (4.6%) than for public hospitals (3.8%). In particular, the numbers of separations reported for Private free-standing day hospital facilities increased by an average of 6.0% each year.

Private hospitals consistently accounted for about 40% of separations between 2007–08 and 2011–12 (Table 2.7). Over the same period, there was a fall in separations from Public psychiatric hospitals. In part, this reflects a change of service delivery arrangements, including shifts from Public psychiatric hospitals to Public acute hospitals or to residential care.
Table 2.6: Non-admitted patient occasions of service ('000), public and private hospitals(a), 2007–08 to 2011–12

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Public acute hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual occasions of service</td>
<td>48,355</td>
<td>49,161</td>
<td>49,471</td>
<td>50,177</td>
<td>53,124</td>
<td>2.4</td>
<td>5.9</td>
</tr>
<tr>
<td>Emergency</td>
<td>7,101</td>
<td>7,172</td>
<td>7,390</td>
<td>7,651</td>
<td>7,809</td>
<td>2.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Outpatient-related(b)</td>
<td>16,369</td>
<td>16,516</td>
<td>16,789</td>
<td>16,822</td>
<td>16,868</td>
<td>0.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Diagnostic(c)</td>
<td>16,213</td>
<td>17,065</td>
<td>16,815</td>
<td>17,197</td>
<td>19,349</td>
<td>4.5</td>
<td>12.5</td>
</tr>
<tr>
<td>Other(d)</td>
<td>8,673</td>
<td>8,407</td>
<td>8,476</td>
<td>8,646</td>
<td>9,098</td>
<td>1.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Group occasions of service</td>
<td>429</td>
<td>341</td>
<td>328</td>
<td>318</td>
<td>303</td>
<td>-8.3</td>
<td>-4.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>48,784</td>
<td>49,502</td>
<td>49,799</td>
<td>50,494</td>
<td>53,427</td>
<td>2.3</td>
<td>5.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Average since 2008–09</th>
<th>Since 2009–10</th>
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</thead>
<tbody>
<tr>
<td><strong>Private hospitals(a)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident and emergency</td>
<td>n.a.</td>
<td>501</td>
</tr>
<tr>
<td></td>
<td></td>
<td>527</td>
</tr>
<tr>
<td></td>
<td></td>
<td>516</td>
</tr>
<tr>
<td>Other outpatient(e)</td>
<td>n.a.</td>
<td>1,525</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,550</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,646</td>
</tr>
<tr>
<td><strong>Total private hospitals(a)</strong></td>
<td>n.a.</td>
<td>2,026</td>
</tr>
<tr>
<td></td>
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<td>2,077</td>
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<td></td>
<td>2,162</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>n.a.</td>
<td>51,527</td>
</tr>
<tr>
<td></td>
<td></td>
<td>51,876</td>
</tr>
<tr>
<td></td>
<td></td>
<td>52,657</td>
</tr>
</tbody>
</table>

(a) Does not include data for Private free-standing day hospital facilities.
(b) Includes Allied health services, Dental, Dialysis, Endoscopy and Other medical/surgical/obstetric services.
(c) Includes Radiology and organ imaging, Pathology and Pharmacy services.
(d) Includes Psychiatric, Alcohol and drug, Community health services, District nursing and Outreach services.
(e) Includes Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other medical/surgical/diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services, Community health services, District nursing services and Non-medical and social services.

Table 2.7: Separations ('000), public and private hospitals, 2007–08 to 2011–12

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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>4,729</td>
<td>4,880</td>
<td>5,058</td>
<td>5,269</td>
<td>5,502</td>
<td>3.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Public psychiatric hospitals(a)</td>
<td>15</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>-9.8</td>
<td>-3.4</td>
</tr>
<tr>
<td><strong>Total public hospitals</strong></td>
<td>4,744</td>
<td>4,891</td>
<td>5,069</td>
<td>5,279</td>
<td>5,511</td>
<td>3.8</td>
<td>4.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Average since 2008–09</th>
<th>Since 2009–10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>668</td>
<td>729</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>2,462</td>
<td>2,528</td>
</tr>
<tr>
<td><strong>Total private hospitals</strong></td>
<td>3,130</td>
<td>3,257</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>7,874</td>
<td>8,148</td>
</tr>
</tbody>
</table>

(a) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.
Between 2007–08 and 2011–12, the number of separations per 1,000 population rose by an average of 2.1% per year, with growth observed in all types of hospitals except Public psychiatric hospitals (Table 2.8). The highest growth in separation rate was observed in Private free-standing day hospital facilities (3.9% on average per year). Over the same period, overnight separation rates were relatively stable for public hospitals and decreased slightly for private hospitals.

Table 2.8: Separations per 1,000 population, public and private hospitals, 2007–08 to 2011–12

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</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Public acute hospitals</td>
<td>219.5</td>
<td>221.8</td>
<td>224.8</td>
<td>229.8</td>
<td>236.0</td>
<td>1.8</td>
<td>2.7</td>
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<tr>
<td>Public psychiatric hospitals</td>
<td>0.7</td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
<td>–11.1</td>
<td>–4.6</td>
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<tr>
<td><strong>Total public hospitals</strong></td>
<td>220.2</td>
<td>222.3</td>
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<td>230.3</td>
<td>236.4</td>
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</tr>
<tr>
<td>Overnight separations</td>
<td>110.7</td>
<td>110.6</td>
<td>111.0</td>
<td>113.3</td>
<td>111.5</td>
<td>0.2</td>
<td>–1.6</td>
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<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>30.7</td>
<td>32.8</td>
<td>34.5</td>
<td>34.9</td>
<td>35.7</td>
<td>3.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>112.7</td>
<td>113.4</td>
<td>117.6</td>
<td>118.9</td>
<td>122.4</td>
<td>2.1</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total private hospitals</strong></td>
<td>143.4</td>
<td>146.2</td>
<td>152.1</td>
<td>153.8</td>
<td>158.2</td>
<td>2.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Overnight separations</td>
<td>48.7</td>
<td>48.1</td>
<td>49.1</td>
<td>48.9</td>
<td>48.0</td>
<td>–0.4</td>
<td>–1.8</td>
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<tr>
<td><strong>All hospitals</strong></td>
<td>363.6</td>
<td>368.5</td>
<td>377.4</td>
<td>384.0</td>
<td>394.6</td>
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<tr>
<td>Overnight separations</td>
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<td>160.1</td>
<td>162.2</td>
<td>159.6</td>
<td>0.0</td>
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</tr>
</tbody>
</table>

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

**How many same-day and overnight separations?**

A **same-day separation** occurs when a patient is admitted and separated from hospital on the same date.

An **overnight separation** occurs when a patient is admitted and separated from hospital on different dates.

Between 2007–08 and 2011–12, the number of same-day separations increased at a greater rate than overnight separations (5.0% and 3.0% average per year, respectively) (Table 2.9), with the rate of increase for same-day separations being higher in private hospitals (5.6%) than in public hospitals (4.4%). In 2011–12, same-day separations accounted for 58.1% of separations, compared with 56.2% of separations in 2007–08. For more information on same-day acute admitted patient care, see Chapter 8.

There was an increase in overnight separations between 2007–08 and 2011–12, with the rate of increase being higher for public hospitals (3.2%) than for private hospitals (2.4%). In 2011–12, overnight separations made up 49% of separations in public hospitals and 31% in private hospitals. For more information on overnight acute admitted patient care, see Chapter 9.
Table 2.9: Same-day and overnight separations ('000), public and private hospitals, 2007–08 to 2011–12

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<tbody>
<tr>
<td><strong>Same-day separations</strong></td>
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<tr>
<td>Public hospitals</td>
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</tr>
<tr>
<td>Public acute hospitals</td>
<td>2,362</td>
<td>2,460</td>
<td>2,573</td>
<td>2,685</td>
<td>2,806</td>
<td>4.4</td>
<td>4.5</td>
</tr>
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<td>Public psychiatric hospitals(^{(a)})</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>–22.6</td>
<td>0.2</td>
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<tr>
<td><strong>Total</strong></td>
<td>2,364</td>
<td>2,461</td>
<td>2,574</td>
<td>2,685</td>
<td>2,807</td>
<td>4.4</td>
<td>4.5</td>
</tr>
<tr>
<td>Proportion of total public separations (%)</td>
<td>49.8</td>
<td>50.3</td>
<td>50.8</td>
<td>50.9</td>
<td>50.9</td>
<td>0.5</td>
<td>0.1</td>
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<tr>
<td>Private hospitals</td>
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<tr>
<td>Private free-standing day hospital facilities</td>
<td>666</td>
<td>728</td>
<td>782</td>
<td>808</td>
<td>843</td>
<td>6.1</td>
<td>4.3</td>
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<tr>
<td>Other private hospitals</td>
<td>1,399</td>
<td>1,456</td>
<td>1,562</td>
<td>1,627</td>
<td>1,729</td>
<td>5.4</td>
<td>6.3</td>
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<tr>
<td><strong>Total</strong></td>
<td>2,065</td>
<td>2,184</td>
<td>2,344</td>
<td>2,435</td>
<td>2,572</td>
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<tr>
<td>Proportion of total private separations (%)</td>
<td>66.0</td>
<td>67.0</td>
<td>67.7</td>
<td>68.1</td>
<td>68.7</td>
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<tr>
<td><strong>All hospitals</strong></td>
<td>4,429</td>
<td>4,645</td>
<td>4,918</td>
<td>5,120</td>
<td>5,379</td>
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<tr>
<td>Proportion of total separations (%)</td>
<td>56.2</td>
<td>57.0</td>
<td>57.6</td>
<td>57.8</td>
<td>58.1</td>
<td>0.8</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Overnight separations</strong></td>
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<tr>
<td>Public hospitals</td>
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<tr>
<td>Public acute hospitals</td>
<td>2,368</td>
<td>2,420</td>
<td>2,485</td>
<td>2,585</td>
<td>2,696</td>
<td>3.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Public psychiatric hospitals(^{(a)})</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>–8.3</td>
<td>–3.6</td>
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<tr>
<td><strong>Total</strong></td>
<td>2,380</td>
<td>2,430</td>
<td>2,495</td>
<td>2,594</td>
<td>2,705</td>
<td>3.2</td>
<td>4.3</td>
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<td>Private hospitals</td>
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<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>–14.8</td>
<td>–9.7</td>
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<tr>
<td>Other private hospitals</td>
<td>1,062</td>
<td>1,073</td>
<td>1,117</td>
<td>1,137</td>
<td>1,171</td>
<td>2.5</td>
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<tr>
<td><strong>Total</strong></td>
<td>1,065</td>
<td>1,074</td>
<td>1,118</td>
<td>1,138</td>
<td>1,173</td>
<td>2.4</td>
<td>3.0</td>
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<tr>
<td><strong>All hospitals</strong></td>
<td>3,445</td>
<td>3,504</td>
<td>3,613</td>
<td>3,732</td>
<td>3,877</td>
<td>3.0</td>
<td>3.9</td>
</tr>
</tbody>
</table>

\(^{(a)}\) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

**Note:** See boxes 2.1 and 2.2 for notes on data limitations and methods.

### How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (which includes elective and other planned care).

Table 2.10 presents information on the **Urgency of admission** by same-day/overnight status and the broad category of admitted patient service (*Childbirth, Specialist mental health, Surgical, Medical and Other*). See ‘What care was provided?’ for more information on these broad categories of service.
Between 2007–08 and 2011–12, separations with an urgency of admission of *Emergency* increased for both public and private hospitals (4.1% and 3.2% per year, respectively) (Table 2.10). For *Non-emergency* admissions, separations increased for both public and private hospitals (3.8% and 4.8% per year, respectively).

### Table 2.10: Separations by broad category of service, public and private hospitals, 2007–08 to 2011–12

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<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
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<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td>206,199</td>
<td>208,196</td>
<td>211,134</td>
<td>213,454</td>
<td>218,903</td>
<td>1.5</td>
<td>2.6</td>
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<tr>
<td>Specialist mental health</td>
<td>96,726</td>
<td>103,185</td>
<td>96,793</td>
<td>101,173</td>
<td>109,297</td>
<td>3.1</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>1,892,416</td>
<td>1,940,494</td>
<td>1,978,752</td>
<td>2,113,521</td>
<td>2,218,994</td>
<td>4.1</td>
<td>5.0</td>
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</tr>
<tr>
<td>Surgical</td>
<td>218,202</td>
<td>226,586</td>
<td>229,783</td>
<td>243,841</td>
<td>256,880</td>
<td>4.2</td>
<td>5.3</td>
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<tr>
<td>Medical</td>
<td>1,623,587</td>
<td>1,659,662</td>
<td>1,693,780</td>
<td>1,812,229</td>
<td>1,902,150</td>
<td>4.0</td>
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<tr>
<td>Other</td>
<td>50,627</td>
<td>54,246</td>
<td>55,189</td>
<td>57,451</td>
<td>59,964</td>
<td>4.3</td>
<td>4.4</td>
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<tr>
<td><strong>Non-emergency</strong></td>
<td>2,548,719</td>
<td>2,639,148</td>
<td>2,782,609</td>
<td>2,850,984</td>
<td>2,964,298</td>
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<td>4.0</td>
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<tr>
<td>Surgical</td>
<td>641,584</td>
<td>660,738</td>
<td>676,874</td>
<td>687,115</td>
<td>695,239</td>
<td>2.0</td>
<td>1.2</td>
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<tr>
<td>Medical</td>
<td>1,655,641</td>
<td>1,718,910</td>
<td>1,832,704</td>
<td>1,882,496</td>
<td>1,991,254</td>
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<td>5.8</td>
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<tr>
<td>Other</td>
<td>251,494</td>
<td>259,500</td>
<td>273,031</td>
<td>281,373</td>
<td>277,805</td>
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<tr>
<td><strong>Total</strong></td>
<td>4,744,060</td>
<td>4,891,023</td>
<td>5,069,288</td>
<td>5,279,132</td>
<td>5,511,492</td>
<td>3.8</td>
<td>4.4</td>
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<tr>
<td><strong>Private hospitals</strong></td>
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<tr>
<td>Childbirth</td>
<td>78,157</td>
<td>81,390</td>
<td>84,320</td>
<td>80,006</td>
<td>80,782</td>
<td>0.8</td>
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<tr>
<td>Specialist mental health</td>
<td>115,826</td>
<td>131,378</td>
<td>145,643</td>
<td>130,909</td>
<td>140,091</td>
<td>4.9</td>
<td>7.7</td>
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<tr>
<td>Emergency</td>
<td>176,975</td>
<td>165,718</td>
<td>178,718</td>
<td>195,133</td>
<td>200,769</td>
<td>3.2</td>
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</tr>
<tr>
<td>Surgical</td>
<td>33,852</td>
<td>30,596</td>
<td>33,131</td>
<td>36,617</td>
<td>38,678</td>
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<tr>
<td>Medical</td>
<td>130,383</td>
<td>123,919</td>
<td>133,212</td>
<td>144,549</td>
<td>146,399</td>
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<td>1.3</td>
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<td>Other</td>
<td>12,740</td>
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<td>12,375</td>
<td>13,967</td>
<td>15,692</td>
<td>5.3</td>
<td>12.4</td>
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<tr>
<td><strong>Non-emergency</strong></td>
<td>2,758,927</td>
<td>2,878,939</td>
<td>3,053,034</td>
<td>3,168,189</td>
<td>3,323,035</td>
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<td>4.9</td>
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<tr>
<td>Surgical</td>
<td>1,163,556</td>
<td>1,206,830</td>
<td>1,265,071</td>
<td>1,291,089</td>
<td>1,349,008</td>
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<td>Medical</td>
<td>946,849</td>
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<td>1,084,585</td>
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<td>Other</td>
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<td>665,772</td>
<td>703,378</td>
<td>729,760</td>
<td>746,139</td>
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<tr>
<td><strong>Total</strong></td>
<td>3,129,885</td>
<td>3,257,425</td>
<td>3,461,715</td>
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<td>3,744,677</td>
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<tr>
<td><strong>Total separations</strong></td>
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<td>8,148,448</td>
<td>8,531,003</td>
<td>8,852,550</td>
<td>9,256,169</td>
<td>4.1</td>
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</table>

**Note:** See boxes 2.1 and 2.2 for notes on data limitations and methods.

**What care was provided?**

The care that the patient received can be described in a variety of ways. This section presents information describing care by the following broad categories of service:

- **Childbirth**: separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- **Specialist mental health**: separations for which specialised psychiatric care days were reported. Excludes separations associated with childbirth.
• **Surgical**: separations for which the AR-DRG belonged to the Surgical partition (involving an operating room procedure), excluding separations for Childbirth and Specialist mental health.

• **Medical**: separations for which the AR-DRG belonged to the Medical partition (not involving an operating room procedure), excluding separations for Childbirth and Specialist mental health.

• **Other**: separations for which the AR-DRG did not belong to the Surgical or Medical partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for Childbirth and Specialist mental health.

Between 2007–08 and 2011–12, private hospitals accounted for the majority of Non-emergency surgical separations (about 65% each year) and the majority of Specialist mental health separations (56% in 2011–12) (Table 2.10).

Public hospitals consistently accounted for around 72% of Childbirth separations between 2007–08 and 2011–12.

### Average cost weight

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. The validity of comparisons of average cost weights across jurisdictions is limited by differences in the extent to which each jurisdiction’s acute care psychiatric services are integrated into its public hospital system. Cost weights are of less use as a measure of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogenous than for other acute services. See Appendix B for more information.

In Table 2.11, public sector cost weights were used for both public and private hospitals to enable comparison between sectors, because public and private sector cost weights are not comparable.

Using public cost weights for both public and private hospitals, average cost weights were lower for private hospitals than for public hospitals and average costs declined slightly overall between 2007–08 and 2011–12 (Table 2.11). Over that period there was an increase in the average cost weight for Public psychiatric hospitals.
Table 2.11: Average cost weight of separations(a), public and private hospitals, 2007–08 to 2011–12

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<td>Since 2007–08</td>
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<tr>
<td>Public acute hospitals</td>
<td>1.00</td>
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<td>0.99</td>
<td>0.98</td>
<td>0.99</td>
<td>–0.4</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>2.33</td>
<td>2.56</td>
<td>2.59</td>
<td>2.54</td>
<td>2.49</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1.00</td>
<td>1.00</td>
<td>0.99</td>
<td>0.98</td>
<td>0.99</td>
<td>–0.4</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>0.46</td>
<td>0.46</td>
<td>0.47</td>
<td>0.46</td>
<td>0.47</td>
<td>0.4</td>
</tr>
<tr>
<td>Other private hospitals</td>
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<td>1.02</td>
<td>1.02</td>
<td>1.02</td>
<td>1.01</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>0.90</td>
<td>0.89</td>
<td>0.89</td>
<td>0.88</td>
<td>0.88</td>
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</tr>
<tr>
<td><strong>All hospitals</strong></td>
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<td>0.96</td>
<td>0.95</td>
<td>0.95</td>
<td>0.95</td>
<td>–0.5</td>
</tr>
</tbody>
</table>

(a) Private hospital cost weights were not available for AR-DRG version 6.0x. Therefore, AR-DRG version 6.0x public cost weights 2009–10 were used for all hospitals.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

**How long did people stay in hospital?**

In 2011–12, 68% of patient days were in public hospitals (Table 2.12). Patient days for Public psychiatric hospitals fluctuated between 2007–08 and 2011–12. In part, this reflects a change in service delivery arrangements, such as the shifts from Public psychiatric hospitals to Public acute hospitals and residential care.

Between 2007–08 and 2011–12, the average length of stay for public acute and private hospitals fell slightly, but rose for Public psychiatric hospitals.

With same-day separations excluded, average lengths of stay in all hospitals combined fell from 6.2 days to 5.8 days, an average annual decrease of 1.6% between 2007–08 and 2011–12. The average length of stay excluding same-day separations is comparable with the length of stays reported for other member countries by the Organisation for Economic Co-operation and Development (OECD) (OECD 2012) (which also do not include same-day activity).

Between 2007–08 and 2011–12, overall patient days per 1,000 population decreased by 2.5% per year for Public psychiatric hospitals, while patient days increased by about 3.9% per year for Private free-standing day hospital facilities (Table 2.13).
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>17,122</td>
<td>17,302</td>
<td>17,440</td>
<td>17,894</td>
<td>18,313</td>
<td>1.7</td>
<td>2.3</td>
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<tr>
<td>Public psychiatric hospitals</td>
<td>714</td>
<td>587</td>
<td>663</td>
<td>593</td>
<td>678</td>
<td>−1.3</td>
<td>14.4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,836</td>
<td>17,889</td>
<td>18,103</td>
<td>18,487</td>
<td>18,991</td>
<td>1.6</td>
<td>2.7</td>
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<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>668</td>
<td>729</td>
<td>783</td>
<td>809</td>
<td>844</td>
<td>6.0</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>7,139</td>
<td>7,164</td>
<td>7,479</td>
<td>7,598</td>
<td>7,901</td>
<td>2.6</td>
<td>4.0</td>
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<tr>
<td><strong>Total</strong></td>
<td>7,807</td>
<td>7,893</td>
<td>8,262</td>
<td>8,408</td>
<td>8,745</td>
<td>2.9</td>
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<tr>
<td><strong>All hospitals</strong></td>
<td>25,643</td>
<td>25,782</td>
<td>26,365</td>
<td>26,895</td>
<td>27,736</td>
<td>2.0</td>
<td>3.1</td>
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</tr>
<tr>
<td><strong>Average length of stay (days)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>3.6</td>
<td>3.5</td>
<td>3.4</td>
<td>3.4</td>
<td>3.3</td>
<td>−2.1</td>
<td>−2.0</td>
<td></td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>48.4</td>
<td>52.8</td>
<td>59.1</td>
<td>58.6</td>
<td>69.3</td>
<td>9.4</td>
<td>18.4</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>3.8</td>
<td>3.7</td>
<td>3.6</td>
<td>3.5</td>
<td>3.4</td>
<td>−2.2</td>
<td>−1.6</td>
<td></td>
</tr>
<tr>
<td>Private hospitals</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Private free-standing day hospital facilities</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>0.0</td>
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<tr>
<td>Other private hospitals</td>
<td>2.9</td>
<td>2.8</td>
<td>2.8</td>
<td>2.7</td>
<td>2.7</td>
<td>−1.6</td>
<td>−0.9</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.5</td>
<td>2.4</td>
<td>2.4</td>
<td>2.4</td>
<td>2.3</td>
<td>−1.6</td>
<td>−0.7</td>
<td></td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>3.3</td>
<td>3.2</td>
<td>3.1</td>
<td>3.0</td>
<td>3.0</td>
<td>−2.1</td>
<td>−1.4</td>
<td></td>
</tr>
<tr>
<td><strong>Average length of stay, excluding same-day separations (days)</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Public hospitals</td>
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<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>6.2</td>
<td>6.1</td>
<td>6.0</td>
<td>5.9</td>
<td>5.8</td>
<td>−2.0</td>
<td>−2.2</td>
<td></td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>55.0</td>
<td>56.0</td>
<td>63.0</td>
<td>62.5</td>
<td>74.2</td>
<td>7.8</td>
<td>18.7</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6.5</td>
<td>6.3</td>
<td>6.2</td>
<td>6.1</td>
<td>6.0</td>
<td>−2.0</td>
<td>−1.8</td>
<td></td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>5.4</td>
<td>5.3</td>
<td>5.3</td>
<td>5.3</td>
<td>5.3</td>
<td>−0.6</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5.4</td>
<td>5.3</td>
<td>5.3</td>
<td>5.2</td>
<td>5.3</td>
<td>−0.6</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>6.2</td>
<td>6.0</td>
<td>5.9</td>
<td>5.8</td>
<td>5.8</td>
<td>−1.6</td>
<td>−1.2</td>
<td></td>
</tr>
</tbody>
</table>

(a) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

(b) Average overnight length of stay for Private free-standing day hospital facilities is not shown as it is based on a small number of records.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.
Table 2.13: Patient days per 1,000 population, public and private hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>782.7</td>
<td>774.2</td>
<td>763.2</td>
<td>767.3</td>
<td>770.6</td>
<td>–0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Public psychiatric hospitals(a)\</td>
<td>33.6</td>
<td>27.2</td>
<td>30.2</td>
<td>26.7</td>
<td>30.4</td>
<td>–2.5</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>816.4</td>
<td>801.4</td>
<td>793.4</td>
<td>794.0</td>
<td>801.0</td>
<td>–0.5</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>30.7</td>
<td>32.8</td>
<td>34.5</td>
<td>34.9</td>
<td>35.7</td>
<td>3.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>322.6</td>
<td>316.8</td>
<td>323.6</td>
<td>321.3</td>
<td>327.3</td>
<td>0.4</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>353.2</td>
<td>349.6</td>
<td>358.1</td>
<td>356.2</td>
<td>363.1</td>
<td>0.7</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>1,169.6</td>
<td>1,151.0</td>
<td>1,151.5</td>
<td>1,150.2</td>
<td>1,164.1</td>
<td>–0.1</td>
<td>1.2</td>
</tr>
</tbody>
</table>

\(a\) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Relative stay index

A relative stay index (RSI) greater than 1 indicates that the average episode’s length of stay is higher than would be expected given the casemix for the category of interest (for example, by hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was less than would have been expected. More information on RSIs by Medical, Surgical and Other categories of AR-DRGs and by funding source is in Chapter 3. Details of the methods used are in Appendix B.

Table 2.14 presents RSI information for 2007–08 to 2011–12. The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2007–08 and 2011–12.

When interpreting RSI information, it should be noted that separation records from public psychiatric hospitals include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and patient day counts can also fluctuate markedly for these hospitals.
Table 2.14: Relative stay index, public and private hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Indirectly standardised relative stay index(^{(a)})</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Public hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>1.01</td>
<td>1.00</td>
<td>0.98</td>
<td>0.97</td>
<td>0.94</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>Public psychiatric</td>
<td>1.25</td>
<td>1.30</td>
<td>1.30</td>
<td>1.33</td>
<td>1.34</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>Total</td>
<td>1.02</td>
<td>1.01</td>
<td>0.98</td>
<td>0.97</td>
<td>0.94</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital facilities</td>
<td>0.80</td>
<td>0.81</td>
<td>0.80</td>
<td>0.80</td>
<td>0.79</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>1.09</td>
<td>1.07</td>
<td>1.06</td>
<td>1.05</td>
<td>1.04</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>Total</td>
<td>1.07</td>
<td>1.05</td>
<td>1.04</td>
<td>1.03</td>
<td>1.02</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>All hospitals</td>
<td>1.03</td>
<td>1.02</td>
<td>1.00</td>
<td>0.99</td>
<td>0.96</td>
<td>. .</td>
<td>. .</td>
</tr>
<tr>
<td>Directly standardised relative stay index(^{(b)})</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Public hospitals</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>1.03</td>
<td>1.02</td>
<td>0.99</td>
<td>0.98</td>
<td>0.96</td>
<td>–1.7</td>
<td>–2.4</td>
</tr>
<tr>
<td>Public psychiatric</td>
<td>3.51</td>
<td>3.15</td>
<td>3.75</td>
<td>1.80</td>
<td>2.76</td>
<td>–5.8</td>
<td>53.5</td>
</tr>
<tr>
<td>Total</td>
<td>1.03</td>
<td>1.02</td>
<td>1.00</td>
<td>0.99</td>
<td>0.96</td>
<td>–1.8</td>
<td>–2.5</td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital facilities</td>
<td>0.44</td>
<td>0.49</td>
<td>0.44</td>
<td>0.43</td>
<td>0.42</td>
<td>–1.0</td>
<td>–2.3</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>1.15</td>
<td>1.13</td>
<td>1.12</td>
<td>1.11</td>
<td>1.11</td>
<td>–0.9</td>
<td>–0.7</td>
</tr>
<tr>
<td>Total</td>
<td>1.13</td>
<td>1.12</td>
<td>1.10</td>
<td>1.10</td>
<td>1.09</td>
<td>–0.9</td>
<td>–0.8</td>
</tr>
<tr>
<td>All hospitals</td>
<td>1.03</td>
<td>1.02</td>
<td>1.00</td>
<td>0.99</td>
<td>0.97</td>
<td>–1.6</td>
<td>–2.2</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group.

\(^{(b)}\) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods. See Appendix B for details on the methodology.
3 Hospital performance indicators

Performance indicators are defined as statistics or other units of information that, directly or indirectly, reflect either the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

This chapter presents hospital performance indicators within the context of the National Health Performance Framework (NHPF).

The National Health Performance Framework

In 2001, the National Health Performance Committee (NHPC) developed a framework to report on the performance of the Australian health system, which was adopted by health ministers. In 2008, the Australian Health Ministers Advisory Committee’s National Health Information Standards and Statistics Committee (NHISSC) endorsed a revised framework, termed the National Health Performance Framework 2009.

The NHPC described the framework as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. The framework has three domains: ‘Health Status’, ‘Determinants of Health’ and ‘Health System Performance’. Questions are posed for each domain and a number of dimensions have been identified within each domain. The dimensions guide the development and selection of performance indicators that can be used together to answer that domain’s questions. Sometimes, single indicators can provide information relevant to several dimensions of the framework.

The Health System Performance domain is most directly relevant to the assessment of the provision of hospital and other health-care services. Its six dimensions are: Effectiveness, Safety, Responsiveness, Continuity of care, Accessibility and Efficiency & sustainability (Table 3.1).

The questions asked for the Health System Performance domain in the National Health Performance Framework 2009 are:

- How does the health system perform?
- What is the level of quality of care across the range of patient care needs?
- Does the system deliver value for money and is it sustainable?
- Is it the same for everyone?

What data are reported?

Ten hospital performance indicators are presented in this chapter, and summary information for another 2 are also included. The indicators are listed in Table 3.2 against the dimensions of the NHPF. Some indicators can be related to more than one dimension of the NHPF, even though they are presented here against only one dimension. For example, hospital accreditation could be related to Safety and Responsiveness, as well as Effectiveness.
Table 3.1: The National Health Performance Framework—Health System Performance domain

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care/intervention/action provided is relevant to the client’s needs and based on established standards. Care, intervention or action achieves desired outcome.</td>
<td>The avoidance or reduction to acceptable limits of actual or potential harm from healthcare management or the environment in which health care is delivered.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuity of care</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.</td>
<td>People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsiveness</th>
<th>Efficiency &amp; sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.</td>
<td>Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.</td>
</tr>
</tbody>
</table>

Table 3.2 also shows whether the indicator is included in a nationally agreed set of performance indicators such as:

- the NHPF set as endorsed by health ministers for reporting in *Australia’s health*
- the National Partnership Agreement on Improving Public Hospital Services (NPA-IPHS) (COAG 2011)

Six of the performance indicators in this report align with the NHA performance indicators for the outcome area of ‘better health services’ (COAG 2012). The NHA includes 33 performance indicators (disaggregated by Indigenous status, disability status, remoteness area and socio-economic status where possible) and seven performance benchmarks that are to be reported regularly under the Intergovernmental Agreement on Federal Financial Relations.

Of the seven NHA performance indicators based on hospital data, four relate to the outcome of *Australians receive appropriate high quality and affordable hospital and hospital related care*, and these indicators are presented in this chapter. The other 3 NHA performance indicators based on hospital data relate to different outcome areas; two of these are presented elsewhere in this report.

The NHA performance indicators based on 2007–08 to 2010–11 hospital data have been published by the Council of Australian Governments (COAG) Reform Council (CRC 2010, 2011 and 2012). The performance indicators presented here are based on data for 2011–12 and on specifications anticipated to be used for the council’s 2013 and 2014 reports.

**Box 3.1: What are the limitations of the data?**

Any interpretation of the performance indicators presented here should take into consideration the limitations of the data from which they are derived. Information on variation in data recording practices, data quality and database coverage are presented in Appendix A.

While the rates could be interpreted as reflecting hospital system performance, they may also reflect variation in underlying needs for hospitalisation, admission and data recording practices, and availability of non-hospital services.
Table 3.2: Hospital performance indicators in this report, by National Health Performance Framework dimension

<table>
<thead>
<tr>
<th>Table(s)</th>
<th>Indicator</th>
<th>Related national indicator set</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NHA</td>
</tr>
<tr>
<td></td>
<td><strong>Effectiveness</strong></td>
<td></td>
</tr>
<tr>
<td>Table 3.4</td>
<td>Accreditation of hospitals and beds</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td><strong>Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Tables 3.5, 3.6 and 3.7</td>
<td>Adverse events treated in hospitals</td>
<td>✓</td>
</tr>
<tr>
<td>Table 3.8</td>
<td>Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)</td>
<td>✓</td>
</tr>
<tr>
<td>Table 3.9</td>
<td><em>Staphylococcus aureus</em> bacteraemia in public hospitals</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td><strong>Responsiveness</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No indicators available</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Continuity of care</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No indicators available</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Accessibility</strong></td>
<td></td>
</tr>
<tr>
<td>Tables 3.10, 3.11 and S3.1</td>
<td>Waiting times for emergency department care</td>
<td>✓</td>
</tr>
<tr>
<td>Page 34</td>
<td>National Emergency Access Target: Proportion of visits completed in 4 hours or less*</td>
<td>✓</td>
</tr>
<tr>
<td>Tables 3.12, 3.13, S3.2</td>
<td>Waiting times for elective surgery</td>
<td>✓</td>
</tr>
<tr>
<td>and S3.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 37</td>
<td>National Elective Surgery Target*</td>
<td>✓</td>
</tr>
<tr>
<td>Tables 3.14, 3.21, S3.4, S3.5, S3.6</td>
<td>Rates of services: hospital procedures</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td><strong>Efficiency &amp; sustainability</strong></td>
<td></td>
</tr>
<tr>
<td>Tables 3.15, 3.16, 3.18, 3.19, and S3.7 to S3.13</td>
<td>Cost per casemix-adjusted separation for acute care episodes</td>
<td>✓</td>
</tr>
<tr>
<td>Tables 3.17 and 3.20</td>
<td>Relative stay index</td>
<td>✓</td>
</tr>
<tr>
<td>Figure 3.4</td>
<td>Average length of stay for selected AR-DRGs</td>
<td>✓</td>
</tr>
<tr>
<td>Table 3.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AR-DRG—Australian Refined Diagnosis Related Group.
NHA—National Healthcare Agreement.
NPA-IPHS—National Partnership Agreement on Improving Public Hospital Services.
NHPF—National Health Performance Framework.

Some performance indicators based on hospitals data are not presented in this chapter as they are not indicators of hospital performance. These indicators are presented elsewhere in this report (see Table 3.3), or were reported previously in Australian hospital statistics 2011–12: emergency department care (2012c).

The NHA performance indicator for Selected potentially preventable hospitalisations relates to the outcome Australians receive appropriate high quality and affordable primary and community health services and is presented in Chapter 7.
The NHA performance indicator for Hospital patient days used by those eligible and waiting for residential aged care relates to the outcome Older Australians receive appropriate high quality and affordable health and aged services and is presented in Chapter 11.

Table 3.3: Other performance indicators in this report

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Related national indicator set</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected potentially preventable hospitalisations</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital patient days used by those eligible and waiting for residential aged care</td>
<td>✓</td>
<td>Proxy</td>
</tr>
</tbody>
</table>

NHA—National Healthcare Agreement.
NHPF—National Health Performance Framework.

Box 3.2: What methods were used?

The following should be noted:

- Unless otherwise indicated in footnotes, separations with a care type of Newborn (without qualified days) and records for Hospital boarders and Posthumous organ procurement have been excluded.
- Separation rates are age-standardised (see Appendix B).
- Public hospitals include Public acute and Public psychiatric hospitals.
- Private hospitals include Private free-standing day hospital facilities and Other private hospitals.
- The abbreviation n.p.—not published may appear in a table to protect the confidentiality of private hospital data, or for very small cell sizes (see Appendix B).

Details of methods, including the selection of AR-DRGs, diagnoses and procedures used, are presented in Appendix B for:

- adverse events treated in hospitals
- rates of service: hospital procedures
- cost per casemix-adjusted separation
- relative stay index
- average length of stay for selected AR-DRGs.
Effectiveness
Care/intervention/action provided is relevant to the client’s needs and based on established standards. Care, intervention or action achieves desired outcome.

Performance indicator: Hospital accreditation
Accreditation is provided by a number of bodies, including the Australian Council on Healthcare Standards’ Evaluation and Quality Improvement Program (EQuIP), Business Excellence Australia, and the Quality Improvement Council. Hospitals can also be certified as compliant with the International Organization for Standardization’s (ISO) 9000 quality family.

Accreditation at any point in time does not assume a fixed or continuing status as accredited. Across Australia, 707 public hospitals were accredited by one or more providers at 30 June 2012, with 57,713 public hospital beds (94% of public hospitals and 99% of public hospital beds) (Table 3.4). These hospitals delivered almost 100% of separations and 99% of patient days in public hospitals. The proportion of public hospitals that were accredited ranged from 17% in Tasmania (accounting for 95% of Tasmanian public hospital separations) to 100% in Victoria, Western Australia, the Australian Capital Territory and the Northern Territory.

The proportion of public hospital beds that were in accredited hospitals ranged from 87% in Tasmania to 100% in Victoria, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory. The proportion of separations in accredited public hospitals ranged from 95% in Tasmania to 100% in Victoria, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory.

A total of 567 private hospitals were accredited in 2010–11 (ABS unpublished), with 27,825 private hospital beds (96% of private hospitals, accounting for 98% of the beds).

The comparability of accreditation data among states and territories is limited because of the voluntary nature of participation in award schemes for hospitals in some jurisdictions. As accreditation for public hospitals was counted as at 30 June 2012, hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, would have been counted as non-accredited.
Table 3.4: Selected accreditation statistics by state and territory, public hospitals 2011–12, private hospitals, 2010–11

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic(^{(a)})</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hospitals</td>
<td>225</td>
<td>151</td>
<td>170</td>
<td>96</td>
<td>80</td>
<td>23</td>
<td>3</td>
<td>5</td>
<td>753</td>
</tr>
<tr>
<td>Accredited hospitals</td>
<td>210</td>
<td>151</td>
<td>159</td>
<td>96</td>
<td>79</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>707</td>
</tr>
<tr>
<td>Accredited (%)</td>
<td>93</td>
<td>100</td>
<td>94</td>
<td>100</td>
<td>99</td>
<td>17</td>
<td>100</td>
<td>100</td>
<td>94</td>
</tr>
<tr>
<td>Total beds(^{(b)})</td>
<td>20,073</td>
<td>13,370</td>
<td>11,245</td>
<td>5,677</td>
<td>5,232</td>
<td>1,188</td>
<td>939</td>
<td>696</td>
<td>58,420</td>
</tr>
<tr>
<td>Beds in accredited hospitals</td>
<td>19,536</td>
<td>13,370</td>
<td>11,236</td>
<td>5,677</td>
<td>5,228</td>
<td>1,031</td>
<td>939</td>
<td>696</td>
<td>57,713</td>
</tr>
<tr>
<td>Accredited (%)</td>
<td>97</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>87</td>
<td>100</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>Separations in accredited hospitals (%)</td>
<td>99</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Patient days in accredited hospitals (%)</td>
<td>97</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td><strong>Private hospitals(^{(c)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{(a)}\) For Victoria, 2 hospitals were enrolled in the accreditation process as at 30 June 2012. These hospitals are shown as accredited.

\(^{(b)}\) The number of average available beds presented here may differ from the counts published elsewhere. For example, counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period.

\(^{(c)}\) Accreditation statistics for private hospitals were sourced from the Australian Bureau of Statistics (ABS unpublished).

**Note:** See boxes 3.1 and 3.2 for notes on data limitations and methods.

**Safety**

The avoidance or reduction to acceptable limits of actual or potential harm from health-care management or the environment in which health care is delivered.

**Performance indicator: Adverse events treated in hospitals**

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries and problems with medication and medical devices. Some of these adverse events may be preventable.

Hospital separations data include information on diagnoses, places of occurrence and external causes of injury and poisoning that can indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other diagnosis codes may also suggest that an adverse event has occurred, and some adverse events are not identifiable using these codes. A separation may be recorded against more than one category in tables 3.5 to 3.7 as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning).

The data in tables 3.5 to 3.7 can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals. Some of the adverse events included in these tables may represent events that occurred before admission. About 27% of separations with an
adverse event reported the adverse event as the principal diagnosis (tables 3.6 and 3.7). Condition onset flag information (see Appendix B) could be used in the future to provide more accurate estimates of adverse events occurring, and treated within, single episodes of care.

In 2011–12, 5.3% of separations reported one or more International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) codes indicating one or more adverse events (Table 3.5). The proportion of separations with an adverse event was 6.1% for public hospitals and 3.9% for private hospitals. The data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

The proportion of same-day separations with an adverse event was 1.6% overall, 10.3% of overnight separations had an adverse event (Table 3.5).

Separations for sub- and non-acute care had higher rates of adverse events than acute care separations (9.3 and 5.0 separations with an adverse event per 100, respectively), and emergency admissions had higher rates of adverse events than non-emergency admissions (9.1 and 3.8 separations with an adverse event per 100, respectively).

Table 3.5: Separations with an adverse event(a) per 100 separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Type of separation(b)</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of stay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same-day separations</td>
<td>1.8</td>
<td>1.4</td>
<td>1.6</td>
</tr>
<tr>
<td>Overnight separations</td>
<td>10.7</td>
<td>9.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Type of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care separations</td>
<td>5.9</td>
<td>3.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Sub- and non-acute care separations</td>
<td>11.2</td>
<td>7.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Urgency of admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency admission</td>
<td>8.9</td>
<td>11.9</td>
<td>9.1</td>
</tr>
<tr>
<td>Non-emergency admission</td>
<td>4.2</td>
<td>3.5</td>
<td>3.8</td>
</tr>
<tr>
<td>All separations</td>
<td>6.1</td>
<td>3.9</td>
<td>5.3</td>
</tr>
</tbody>
</table>

(a) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation.

(b) The categories Length of stay, Type of care and Urgency of admission are not mutually exclusive. Each separation with an adverse event is included in three categories; for example as a Same-day separation, an Acute care separation and an Emergency admission.

In public hospitals, the proportion of separations for which an adverse event was recorded was lowest in the Northern Territory (3.2%) and highest in Tasmania (7.5%) (Table 3.6). About 1.8% of same-day separations had an adverse event compared with 10.7% of overnight separations. For overnight separations, the proportion of separations with an adverse event ranged from 7.9% in the Northern Territory to 12.0% in Tasmania.

For public hospitals, about 53% of separations with an adverse event reported Procedures causing abnormal reactions/complications and 36% reported Adverse effects of drugs, medicaments and biological substances. About 24% of public hospital separations with an adverse event reported the adverse event as the principal diagnosis.
Table 3.6: Separations with an adverse event(a), public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Adverse event</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse effects of drugs, medicaments and biological substances</td>
<td>39,674</td>
<td>32,632</td>
<td>21,282</td>
<td>13,369</td>
<td>2,393</td>
<td>2,168</td>
<td>2,168</td>
<td>973</td>
<td>122,543</td>
</tr>
<tr>
<td>Misadventures to patients during surgical and medical care</td>
<td>3,864</td>
<td>5,188</td>
<td>3,257</td>
<td>1,482</td>
<td>1,012</td>
<td>422</td>
<td>285</td>
<td>159</td>
<td>15,669</td>
</tr>
<tr>
<td>Procedures causing abnormal reactions/complications</td>
<td>52,902</td>
<td>51,360</td>
<td>32,805</td>
<td>18,641</td>
<td>14,405</td>
<td>4,444</td>
<td>3,458</td>
<td>2,257</td>
<td>180,272</td>
</tr>
<tr>
<td>Other external causes of adverse events</td>
<td>2,093</td>
<td>2,633</td>
<td>1,261</td>
<td>412</td>
<td>953</td>
<td>128</td>
<td>194</td>
<td>90</td>
<td>7,764</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>101,761</td>
<td>91,565</td>
<td>59,278</td>
<td>34,598</td>
<td>26,368</td>
<td>7,544</td>
<td>5,968</td>
<td>3,444</td>
<td>330,526</td>
</tr>
</tbody>
</table>

| Diagnoses                                                                 |
|--------------------------------------------------------------------------|-------|
| Selected post-procedural disorders                                       | 15,433|
| Haemorrhage and haematoma complicating a procedure                       | 7,731 |
| Infection following a procedure                                           | 8,185 |
| Complications of internal prosthetic devices                             | 19,505|
| Other diagnoses of complications of medical and surgical care            | 11,387|
| **Adverse event reported as principal diagnosis**                         | 24,715|
| **Total (any of the above)**(b)                                           | 103,896|

<table>
<thead>
<tr>
<th>Separations with an adverse event per 100 separations(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of stay</strong></td>
</tr>
<tr>
<td>Same-day separations</td>
</tr>
<tr>
<td>Overnight separations</td>
</tr>
<tr>
<td><strong>Type of care</strong></td>
</tr>
<tr>
<td>Acute care separations</td>
</tr>
<tr>
<td>Sub- and non-acute care separations</td>
</tr>
<tr>
<td><strong>Urgency of admission</strong></td>
</tr>
<tr>
<td>Emergency admission</td>
</tr>
<tr>
<td>Non-emergency admission</td>
</tr>
<tr>
<td><strong>All separations</strong></td>
</tr>
</tbody>
</table>

(a) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation.

(b) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.

(c) The categories Length of stay, Type of care and Urgency of admission are not mutually exclusive. Each separation with an adverse event is included in three categories; for example as a Same-day separation, an Acute care separation and an Emergency admission.

For private hospitals, the proportion of separations with an adverse event varied from 3.3% in Western Australia to 5.2% in South Australia (Table 3.7). About 1.4% of same-day separations reported an adverse event compared to 9.4% of overnight separations. For overnight separations, the Victoria had the lowest proportion of separations with an adverse event (8.6%), and South Australia had the highest (10.8%).
For private hospitals, about 72% of separations with an adverse event reported *Procedures causing abnormal reactions/complications* and 19% reported *Adverse effects of drugs, medicaments and biological substances*. About 33% of private hospital separations with an adverse event reported the adverse event as the principal diagnosis.

Table 3.7: Separations with an adverse event\(^{(a)}\), private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Adverse event</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External cause of injury and poisoning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse effects of drugs, medicaments and biological substances</td>
<td>5,481</td>
<td>6,885</td>
<td>9,292</td>
<td>3,471</td>
<td>2,403</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>28,514</td>
</tr>
<tr>
<td>Misadventures to patients during surgical and medical care</td>
<td>1,879</td>
<td>1,327</td>
<td>1,398</td>
<td>758</td>
<td>623</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>6,334</td>
</tr>
<tr>
<td>Other external causes of adverse events</td>
<td>302</td>
<td>176</td>
<td>251</td>
<td>34</td>
<td>219</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,012</td>
</tr>
<tr>
<td><strong>Place of occurrence of injury and poisoning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of occurrence: Health service area</td>
<td>39,447</td>
<td>32,122</td>
<td>37,566</td>
<td>14,493</td>
<td>14,532</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>144,555</td>
</tr>
<tr>
<td><strong>Diagnoses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhage and haematoma complicating a procedure</td>
<td>4,062</td>
<td>3,588</td>
<td>3,589</td>
<td>1,618</td>
<td>1,293</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>14,893</td>
</tr>
<tr>
<td>Infection following a procedure</td>
<td>3,355</td>
<td>2,420</td>
<td>2,911</td>
<td>1,045</td>
<td>1,530</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,722</td>
</tr>
<tr>
<td>Complications of internal prosthetic devices</td>
<td>13,274</td>
<td>9,266</td>
<td>9,145</td>
<td>4,272</td>
<td>5,043</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>43,353</td>
</tr>
<tr>
<td>Other diagnoses of complications of medical and surgical care</td>
<td>5,713</td>
<td>5,066</td>
<td>4,815</td>
<td>1,830</td>
<td>2,543</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>20,793</td>
</tr>
<tr>
<td><strong>Adverse event reported as principal diagnosis</strong></td>
<td>11,624</td>
<td>11,602</td>
<td>11,690</td>
<td>5,551</td>
<td>6,192</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>48,778</td>
</tr>
<tr>
<td><strong>Total (any of the above)(^{(b)})</strong></td>
<td>41,338</td>
<td>32,465</td>
<td>37,918</td>
<td>14,593</td>
<td>14,954</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>147,731</td>
</tr>
</tbody>
</table>

Separations with an adverse event per 100 separations\(^{(c)}\)

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same-day separations</td>
<td>1.6</td>
<td>0.9</td>
<td>1.6</td>
<td>0.7</td>
<td>2.5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.4</td>
</tr>
<tr>
<td>Overnight separations</td>
<td>9.6</td>
<td>8.6</td>
<td>9.8</td>
<td>9.2</td>
<td>10.8</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>9.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of care</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care separations</td>
<td>3.4</td>
<td>3.4</td>
<td>4.1</td>
<td>3.2</td>
<td>5.0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3.7</td>
</tr>
<tr>
<td>Sub- and non-acute care separations</td>
<td>6.6</td>
<td>9.2</td>
<td>6.9</td>
<td>12.6</td>
<td>7.4</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>7.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urgency of admission</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergency admission</td>
<td>3.6</td>
<td>3.1</td>
<td>3.5</td>
<td>2.7</td>
<td>4.7</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All separations</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.9</td>
<td>3.5</td>
<td>4.2</td>
<td>3.3</td>
<td>5.2</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3.9</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation.

\(^{(b)}\) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.

\(^{(c)}\) The categories Length of stay, Type of care and Urgency of admission are not mutually exclusive. Each separation with an adverse event is included in three categories; for example as a Same-day separation, an Acute care separation and an Emergency admission.
Performance indicator: Unplanned/unexpected readmissions within 28 days of selected surgical procedures

‘Unplanned or unexpected readmissions after surgery’ is defined as the number of separations involving selected procedures where readmission occurred within 28 days of the previous separation, and was considered to be ‘unplanned or unexpected’ because the principal diagnosis related to an adverse event (see above). The measure is regarded as an indicator of the safety of care. It could also be regarded as an indicator of effectiveness of care; however, the specifications identify adverse events as causes of readmission, rather than reasons that could indicate effectiveness.

Rates of unplanned or unexpected readmissions were highest for Hysterectomy (30 per 1,000 separations), Prostatectomy and Tonsillectomy and adenoidectomy (both 28 per 1,000 separations) (Table 3.8). For Cataract extraction, fewer than 4 per 1,000 separations were readmitted within 28 days.

Table 3.8: Separations(a) and rate per 1,000 separations, unplanned/unexpected readmissions for selected procedures, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA(b)</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendicectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>9,348</td>
<td>7,089</td>
<td>5,319</td>
<td>3,053</td>
<td>1,894</td>
<td>605</td>
<td>686</td>
<td>408</td>
<td>25,349</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>222</td>
<td>175</td>
<td>109</td>
<td>97</td>
<td>68</td>
<td>19</td>
<td>17</td>
<td>22</td>
<td>632</td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>23.7</td>
<td>24.7</td>
<td>20.5</td>
<td>31.8</td>
<td>35.9</td>
<td>31.4</td>
<td>24.8</td>
<td>53.9</td>
<td>24.9</td>
</tr>
<tr>
<td>Cataract extraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>17,954</td>
<td>16,055</td>
<td>6,292</td>
<td>8,529</td>
<td>6,314</td>
<td>695</td>
<td>951</td>
<td>528</td>
<td>48,789</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>50</td>
<td>51</td>
<td>25</td>
<td>22</td>
<td>21</td>
<td>n.p.</td>
<td>0</td>
<td>n.p.</td>
<td>156</td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>2.8</td>
<td>3.2</td>
<td>4.0</td>
<td>2.6</td>
<td>2.2</td>
<td>n.p.</td>
<td>0</td>
<td>n.p.</td>
<td>3.2</td>
</tr>
<tr>
<td>Hip replacement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>2,834</td>
<td>2,184</td>
<td>1,204</td>
<td>978</td>
<td>719</td>
<td>170</td>
<td>148</td>
<td>28</td>
<td>7,287</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>50</td>
<td>38</td>
<td>17</td>
<td>22</td>
<td>17</td>
<td>4</td>
<td>n.p.</td>
<td>n.p.</td>
<td>129</td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>17.6</td>
<td>17.4</td>
<td>14.1</td>
<td>22.5</td>
<td>23.6</td>
<td>23.5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>17.7</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>3,091</td>
<td>2,795</td>
<td>2,085</td>
<td>1,014</td>
<td>901</td>
<td>258</td>
<td>120</td>
<td>79</td>
<td>9,329</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>86</td>
<td>88</td>
<td>69</td>
<td>32</td>
<td>25</td>
<td>7</td>
<td>n.p.</td>
<td>n.p.</td>
<td>284</td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>27.8</td>
<td>31.5</td>
<td>33.1</td>
<td>31.6</td>
<td>31.6</td>
<td>27.7</td>
<td>27.1</td>
<td>n.p.</td>
<td>30.4</td>
</tr>
<tr>
<td>Knee replacement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>4,493</td>
<td>2,621</td>
<td>1,747</td>
<td>1,264</td>
<td>905</td>
<td>172</td>
<td>226</td>
<td>48</td>
<td>10,212</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>84</td>
<td>49</td>
<td>46</td>
<td>22</td>
<td>16</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3</td>
<td>202</td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>18.7</td>
<td>18.7</td>
<td>26.3</td>
<td>17.4</td>
<td>17.7</td>
<td>11.6</td>
<td>8.8</td>
<td>62.5</td>
<td>19.8</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>2,439</td>
<td>2,259</td>
<td>1,162</td>
<td>594</td>
<td>585</td>
<td>161</td>
<td>67</td>
<td>40</td>
<td>6,713</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>55</td>
<td>62</td>
<td>43</td>
<td>30</td>
<td>15</td>
<td>3</td>
<td>4</td>
<td>185</td>
<td></td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>22.6</td>
<td>27.4</td>
<td>37.0</td>
<td>50.5</td>
<td>25.6</td>
<td>18.6</td>
<td>44.8</td>
<td>100.0</td>
<td>27.6</td>
</tr>
<tr>
<td>Tonsillectomy and adenoidectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>6,273</td>
<td>6,515</td>
<td>4,271</td>
<td>2,373</td>
<td>2,053</td>
<td>432</td>
<td>383</td>
<td>168</td>
<td>20,095</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td>153</td>
<td>155</td>
<td>140</td>
<td>77</td>
<td>69</td>
<td>26</td>
<td>7</td>
<td>57</td>
<td>557</td>
</tr>
<tr>
<td>Per 1,000 separations</td>
<td>24.4</td>
<td>23.8</td>
<td>32.8</td>
<td>32.5</td>
<td>33.6</td>
<td>60.2</td>
<td>18.3</td>
<td>41.7</td>
<td>27.7</td>
</tr>
</tbody>
</table>

(a) Separations are counted in the denominator if the admission for the selected procedure occurred between 1 July 2011 and 19 May 2012.
(b) Data for Western Australia were provided by Western Australia. Data for all other jurisdictions were sourced from the National Hospital Morbidity Database.
(c) Total excludes data for Western Australia.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.
Performance indicator: *Staphylococcus aureus* bacteraemia in Australian public hospitals

*Staphylococcus aureus* bacteraemia (SAB) in Australian public hospitals’ is regarded as an indicator of the safety of care. Patients who develop bloodstream infections such as SAB are more likely to suffer complications that result in a longer hospital stay and an increased cost of hospitalisation. Serious infections may also result in death.

Hospital-associated SAB infections are monitored by surveillance arrangements in public hospitals. The SAB cases reported include those associated with both admitted and non-admitted hospital care.

The aim is to have as few cases of SAB as possible. A national benchmark specified in the NHA for public hospitals in each state and territory is that no more than 2.0 cases of SAB occur for every 10,000 days of patient care.

In 2011–12, there were 1,734 cases of SAB reported for Australian public hospitals overall. These cases occurred during approximately 18.5 million days of patient care under SAB surveillance. More than three-quarters (76%) were methicillin sensitive, and would therefore have been treatable with commonly used antibiotics (Table 3.9).

All states and territories had rates of SAB below the national benchmark of 2.0 cases per 10,000 patient days, ranging from 0.7 cases per 10,000 patient days in Western Australia to 1.3 in the Northern Territory.

**Table 3.9: Cases of *Staphylococcus aureus* bacteraemia (SAB)** in public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rate per 10,000 patient days</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methicillin-resistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Methicillin-sensitive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>0.7</td>
<td>0.8</td>
<td>0.7</td>
<td>0.6</td>
<td>0.6</td>
<td>0.7</td>
<td>1.0</td>
<td>0.8</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong>(a)</td>
<td>1.0</td>
<td>0.9</td>
<td>0.9</td>
<td>0.7</td>
<td>0.9</td>
<td>0.8</td>
<td>1.1</td>
<td>1.3</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Number of cases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methicillin resistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>201</td>
<td>80</td>
<td>51</td>
<td>23</td>
<td>42</td>
<td>5</td>
<td>6</td>
<td>15</td>
<td>423</td>
</tr>
<tr>
<td>Methicillin sensitive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>473</td>
<td>375</td>
<td>220</td>
<td>81</td>
<td>85</td>
<td>22</td>
<td>31</td>
<td>24</td>
<td>1,311</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>674</td>
<td>455</td>
<td>271</td>
<td>104</td>
<td>127</td>
<td>27</td>
<td>37</td>
<td>39</td>
<td>1,734</td>
</tr>
<tr>
<td>Patient days under SAB surveillance ('000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,735</td>
<td>4,837</td>
<td>3,178</td>
<td>1,436</td>
<td>1,396</td>
<td>318</td>
<td>325</td>
<td>304</td>
<td>18,529</td>
<td></td>
</tr>
<tr>
<td>Coverage (per cent)</td>
<td>97</td>
<td>99</td>
<td>98</td>
<td>84</td>
<td>82</td>
<td>90</td>
<td>98</td>
<td>100</td>
<td>95</td>
</tr>
</tbody>
</table>

(a) The SAB cases were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions is limited because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

(b) Total may not equal sum of components due to rounding.
**Responsiveness**

Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.

There are no indicators of responsiveness available for hospitals.

**Continuity of care**

Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.

There are no indicators of continuity of care available for hospitals.

**Accessibility**

People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

**Performance indicator: Waiting times for emergency department care**

Emergency department waiting time to commencement of clinical care is ‘the time elapsed in minutes for each patient from presentation in the emergency department to the commencement of the emergency department non-admitted clinical care’.

Emergency department waiting times information is summarised as the proportion of presentations in which patients were treated within the recommended time (for the urgency of their condition), and is presented for emergency departments in hospitals classified as Principal referral and specialist women’s and children’s hospitals and Large hospitals. The urgency of treatment is categorised using the National Triage Scale. It has five categories which incorporate the time by which the patient should receive care (AIHW 2012f). For more information on triage categories see Chapter 5.

There is possible variation in the recording of the time of ‘commencement of clinical care’ in emergency departments due to delayed implementation for some hospitals of the current definition that includes the commencement of service by ‘other health professionals’, where provided in accordance with established clinical pathways defined by the emergency department. As a consequence, this may have affected the calculation of waiting times and the proportion of patients who commenced clinical care within the clinically recommended time.

For example, for 2010–11 and 2011–12, Western Australian metropolitan hospitals recorded the time of ‘commencement of clinical care’ when care was commenced by a doctor or nurse practitioner only. For the Northern Territory, hospitals are only able to record the time that care is commenced by a doctor. See Appendix A for more information.

For 2011–12, for all triage categories overall, the proportion of presentations in which patients received emergency department care within the required time was 70%, ranging from 46% in the Northern Territory to 74% in New South Wales (Table 3.10).
There were variations between states and territories in the proportion of emergency presentations seen on time, by hospital peer group, Indigenous status, remoteness area of residence and socioeconomic status of area of residence. Overall, 69% of emergency presentations were seen on time for Principal referral and specialist women’s and children’s hospitals and 72% were seen on time for Large hospitals (Table 3.11).

There were relatively slight differences in the proportion of presentations seen on time for Indigenous Australians compared with other Australians (67% and 70% respectively). Patients from Very remote areas had the lowest proportion of presentations seen on time (61%).

Additional information on the proportion seen on time by triage category and by state and territory is included in tables that accompany this report online. More information on triage categories and emergency department waiting times for all public hospitals for which data were available (including hospitals that were not Principal referral and specialist women’s and children’s hospitals and Large hospitals) is in Chapter 5.

**Performance indicator: National Emergency Access Target**

The National Emergency Access Target (NEAT) is a performance measure required to be reported under the National Partnership Agreement on Improving Public Hospital Services.

The goal of the NEAT is to increase the proportion of emergency department patients who physically leave the emergency department (for admission to hospital, referral to another hospital, or discharge) in 4 hours or less.

The AIHW provides these data to the COAG Reform Council for them to determine state and territory performance against the agreed targets.

In 2012, Queensland, Western Australia, South Australia, Tasmania and the Australian Capital Territory achieved proportions of patients leaving the emergency department in 4 hours or less that were higher than the baseline figures specified in the agreement.

Overall, 65.5% of patients presenting to a public hospital emergency department had their visit to the emergency department completed in 4 hours or less.

For more information, see *Australian hospital statistics: national emergency access and elective surgery targets 2012* (AIHW 2013b).
Table 3.11: Proportion\(^{(a)}\) of emergency presentations\(^{(b)}\) seen on time by triage category, Indigenous status, remoteness, socioeconomic status and Principal referral and specialist women’s and children’s hospitals and Large hospitals, 2011–12

<table>
<thead>
<tr>
<th>Triage category</th>
<th>Resuscitation</th>
<th>Emergency</th>
<th>Urgent</th>
<th>Semi-urgent</th>
<th>Non-urgent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital peer group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal referral and specialist women’s and children’s hospitals</td>
<td>100</td>
<td>80</td>
<td>64</td>
<td>67</td>
<td>87</td>
<td>69</td>
</tr>
<tr>
<td>Large hospitals</td>
<td>99</td>
<td>81</td>
<td>69</td>
<td>70</td>
<td>89</td>
<td>72</td>
</tr>
</tbody>
</table>

**Indigenous status\(^{(c)}\)**

<table>
<thead>
<tr>
<th>Triage category</th>
<th>Resuscitation</th>
<th>Emergency</th>
<th>Urgent</th>
<th>Semi-urgent</th>
<th>Non-urgent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>100</td>
<td>78</td>
<td>63</td>
<td>65</td>
<td>87</td>
<td>67</td>
</tr>
<tr>
<td>Other Australians</td>
<td>100</td>
<td>81</td>
<td>65</td>
<td>68</td>
<td>88</td>
<td>70</td>
</tr>
</tbody>
</table>

**Remoteness of residence\(^{(d)}\)**

<table>
<thead>
<tr>
<th>Triage category</th>
<th>Resuscitation</th>
<th>Emergency</th>
<th>Urgent</th>
<th>Semi-urgent</th>
<th>Non-urgent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>100</td>
<td>81</td>
<td>64</td>
<td>67</td>
<td>87</td>
<td>69</td>
</tr>
<tr>
<td>Inner regional</td>
<td>100</td>
<td>80</td>
<td>67</td>
<td>70</td>
<td>88</td>
<td>72</td>
</tr>
<tr>
<td>Outer regional</td>
<td>100</td>
<td>79</td>
<td>68</td>
<td>69</td>
<td>91</td>
<td>72</td>
</tr>
<tr>
<td>Remote</td>
<td>100</td>
<td>82</td>
<td>70</td>
<td>65</td>
<td>88</td>
<td>70</td>
</tr>
<tr>
<td>Very remote</td>
<td>100</td>
<td>72</td>
<td>60</td>
<td>56</td>
<td>86</td>
<td>61</td>
</tr>
</tbody>
</table>

**Socioeconomic status of area of residence\(^{(e)}\)**

<table>
<thead>
<tr>
<th>Triage category</th>
<th>Resuscitation</th>
<th>Emergency</th>
<th>Urgent</th>
<th>Semi-urgent</th>
<th>Non-urgent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1—Lowest</td>
<td>100</td>
<td>81</td>
<td>65</td>
<td>68</td>
<td>87</td>
<td>70</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>80</td>
<td>66</td>
<td>68</td>
<td>87</td>
<td>71</td>
</tr>
<tr>
<td>3</td>
<td>100</td>
<td>80</td>
<td>64</td>
<td>68</td>
<td>88</td>
<td>69</td>
</tr>
<tr>
<td>4</td>
<td>100</td>
<td>80</td>
<td>63</td>
<td>67</td>
<td>88</td>
<td>68</td>
</tr>
<tr>
<td>5—Highest</td>
<td>100</td>
<td>81</td>
<td>65</td>
<td>68</td>
<td>88</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>80</td>
<td>65</td>
<td>68</td>
<td>88</td>
<td>70</td>
</tr>
</tbody>
</table>

\(^{(a)}\) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

\(^{(b)}\) Records with a type of visit of Emergency presentation.

\(^{(c)}\) Other Australians includes presentations for which the Indigenous status was not reported.

\(^{(d)}\) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

\(^{(e)}\) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

**Performance indicator: Waiting times for elective surgery**

Elective surgery waiting times data provide information on patients removed from public hospital elective surgery waiting lists for their surgery. Waiting times for elective surgery are an indicator of the provision of timely care. The median waiting time indicates the time within which 50% of patients were admitted for the awaited procedure. The 90th percentile waiting time indicates the amount of time within which 90% of patients were admitted for the awaited procedure.

The NHA indicator is prepared using linked elective surgery waiting times and admitted patient care data (for which demographic data were available), allowing analyses by remoteness areas and socioeconomic status groups. For 2011–12, the linked data accounted for about 97% of the records provided with waiting times. There was some variation in the linked data coverage between states and territories, ranging from 87% for the Northern Territory to 100% for Queensland.
Table 3.12 presents waiting time statistics for all patients admitted from public hospital waiting lists for elective surgery.

In 2011–12, the median waiting time for patients who were admitted from waiting lists was 36 days. It ranged from 27 days in Queensland to 63 days in the Australian Capital Territory. The 90th percentile for waiting time ranged from 147 days in Queensland to 348 days in Tasmania, with an overall value of 251 days (Table 3.14). In 2011–12, 2.7% of patients admitted from public hospital waiting lists waited more than a year for their elective surgery.

Table 3.12: Waiting time statistics for patients admitted from public hospital waiting lists for elective surgery(a), states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld(b)</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of admissions</strong></td>
<td>211,452</td>
<td>154,079</td>
<td>114,328</td>
<td>81,809</td>
<td>65,186</td>
<td>15,802</td>
<td>11,362</td>
<td>7,253</td>
<td>661,271</td>
</tr>
<tr>
<td><strong>Days waited at 50th percentile</strong></td>
<td>49</td>
<td>36</td>
<td>27</td>
<td>30</td>
<td>34</td>
<td>38</td>
<td>63</td>
<td>39</td>
<td>36</td>
</tr>
<tr>
<td><strong>Days waited at 90th percentile</strong></td>
<td>335</td>
<td>189</td>
<td>147</td>
<td>159</td>
<td>191</td>
<td>348</td>
<td>296</td>
<td>219</td>
<td>251</td>
</tr>
<tr>
<td><strong>Per cent waited more than 365 days</strong></td>
<td>3.4</td>
<td>2.4</td>
<td>2.0</td>
<td>1.7</td>
<td>1.5</td>
<td>9.4</td>
<td>6.2</td>
<td>3.5</td>
<td>2.7</td>
</tr>
</tbody>
</table>

(a) Includes records with a reason for removal of Admitted as an elective patient for awaited procedure by or on behalf of this hospital or Admitted as an emergency patient for awaited procedure by or on behalf of this hospital.

(b) For 2011–12, Queensland was not able to provide elective surgery waiting times data for 3 hospitals that reported about 10,000 admissions from elective surgery waiting lists in 2010–11. However, the data for these hospitals were able to be provided in the admitted patient data presented in Table 3.13.

Waiting time statistics by Indigenous status, remoteness area and socioeconomic status of area of residence, using the linked elective surgery waiting times and admitted patient care data, are in Table 3.13.

There was a difference in the overall median waiting time for Indigenous Australians compared with other Australians (41 days and 36 days respectively) (Table 3.13).

There were also variations by socioeconomic status of area of residence, with persons living in areas classified as being in the higher socioeconomic groups having shorter overall median waiting times than those living in areas classified as being in the lower socioeconomic groups.

Persons living in Inner regional areas had longer overall median waiting times than persons from other areas. However, these overall data do not take into account variations in the types of surgery that patients from different socioeconomic groups or different remoteness areas were waiting for.

For more information on elective surgery waiting times, see Chapter 10.
Table 3.13: Median waiting time (in days) for patients admitted from public hospital waiting lists for elective surgery\(^a\), by Indigenous status, remoteness area of residence and socioeconomic status of area of residence, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of admissions</td>
<td>203,891</td>
<td>148,130</td>
<td>116,017</td>
<td>78,080</td>
<td>64,333</td>
<td>15,422</td>
<td>10,877</td>
<td>6,338</td>
<td>643,088</td>
</tr>
<tr>
<td>Proportion of all elective surgery records (%)</td>
<td>96</td>
<td>96</td>
<td>100</td>
<td>95</td>
<td>99</td>
<td>98</td>
<td>96</td>
<td>87</td>
<td>97</td>
</tr>
<tr>
<td>Indigenous status(^b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td>53</td>
<td>42</td>
<td>32</td>
<td>35</td>
<td>30</td>
<td>44</td>
<td>71</td>
<td>49</td>
<td>41</td>
</tr>
<tr>
<td>Other Australians</td>
<td>48</td>
<td>36</td>
<td>28</td>
<td>30</td>
<td>34</td>
<td>37</td>
<td>59</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>Remoteness of residence(^c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major cities</td>
<td>43</td>
<td>37</td>
<td>27</td>
<td>30</td>
<td>38</td>
<td>.</td>
<td>59</td>
<td>.</td>
<td>36</td>
</tr>
<tr>
<td>Inner regional</td>
<td>56</td>
<td>35</td>
<td>28</td>
<td>28</td>
<td>33</td>
<td>37</td>
<td>65</td>
<td>.</td>
<td>37</td>
</tr>
<tr>
<td>Outer regional</td>
<td>65</td>
<td>29</td>
<td>32</td>
<td>31</td>
<td>29</td>
<td>39</td>
<td>.</td>
<td>40</td>
<td>36</td>
</tr>
<tr>
<td>Remote</td>
<td>37</td>
<td>35</td>
<td>26</td>
<td>29</td>
<td>26</td>
<td>39</td>
<td>.</td>
<td>39</td>
<td>29</td>
</tr>
<tr>
<td>Very remote</td>
<td>40</td>
<td>.</td>
<td>29</td>
<td>34</td>
<td>21</td>
<td>48</td>
<td>.</td>
<td>56</td>
<td>35</td>
</tr>
<tr>
<td>Socioeconomic status of area of residence(^d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1—Lowest</td>
<td>53</td>
<td>41</td>
<td>28</td>
<td>33</td>
<td>34</td>
<td>39</td>
<td>n.p.</td>
<td>50</td>
<td>39</td>
</tr>
<tr>
<td>2</td>
<td>57</td>
<td>36</td>
<td>28</td>
<td>31</td>
<td>35</td>
<td>35</td>
<td>n.p.</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>3</td>
<td>42</td>
<td>36</td>
<td>29</td>
<td>29</td>
<td>33</td>
<td>37</td>
<td>70</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>4</td>
<td>42</td>
<td>35</td>
<td>28</td>
<td>30</td>
<td>34</td>
<td>36</td>
<td>62</td>
<td>37</td>
<td>34</td>
</tr>
<tr>
<td>5—Highest</td>
<td>30</td>
<td>31</td>
<td>25</td>
<td>31</td>
<td>34</td>
<td>.</td>
<td>57</td>
<td>45</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>36</td>
<td>28</td>
<td>30</td>
<td>34</td>
<td>38</td>
<td>59</td>
<td>42</td>
<td>36</td>
</tr>
</tbody>
</table>

\(^a\) For the 97% of elective surgery records for which demographic data were available (see Table 3.12). The linked data for New South Wales does not include the data for Hawkesbury Hospital, which was included in the National Elective Surgery Waiting Times Data Collection.

\(^b\) Other Australians includes records for which the Indigenous status was not reported.

\(^c\) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

\(^d\) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods. Additional information is in tables S3.2 and S3.3 that accompany this report online.

**Performance indicator: National Elective Surgery Target**

The National Elective Surgery Target (NEST) is a performance measure required to be reported under the National Partnership Agreement on Improving Public Hospital Services.

The goal of the NEST is to increase the proportion of elective surgery patients seen within clinically recommended times and to reduce the number of patients waiting beyond the clinically recommended time.

The AIHW provides these data to the COAG Reform Council for them to determine state and territory performance against the agreed targets.

In 2012, six states and territories achieved proportions seen on time greater than or equal to the baseline figures specified in the agreement for two or three clinical urgency categories.

Six states and territories had average overdue waits shorter than the baseline figures in the agreement for two or three clinical urgency categories.

During 2012, five states and territories had provided treatment or referral for the longest wait overdue patients (those who had waited the longest at 31 December 2011) for all...
urgency categories. A further two states and territories had provided treatment or referral for all urgency category 1 patients.

There are 3 clinical urgency categories. They indicate that the patient should have surgery within 30, 90 and 365 days, respectively. State and territory data for clinical urgency categories are not comparable. For more information, see *Australian Hospital Statistics: national emergency access and elective surgery targets 2012* (AIHW 2013b).

**Performance indicator: Rates of services—hospital procedures**

This indicator relates to accessibility of hospital services and may also relate to the appropriateness of hospital care. Generally, the procedures were selected because of the frequency with which they are undertaken, because they are often elective and discretionary and because alternative treatments are sometimes available.

There was some variation in the numbers of separations per 1,000 population for the selected procedures among states and territories. For example, separations for *Cataract extraction* ranged from 6.4 per 1,000 population in the Australian Capital Territory to 10.5 per 1,000 in Western Australia (Table 3.14). However, as data are not available for private free-standing day hospitals in the Australian Capital Territory, this is likely to underestimate the separation rate for cataract extractions in the Australian Capital Territory.

**Table 3.14: Separations per 1,000 population for hospital procedures(a), all hospitals, states and territories, 2011–12**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract extraction</td>
<td>8.7</td>
<td>8.4</td>
<td>9.0</td>
<td>10.5</td>
<td>8.4</td>
<td>10.3</td>
<td>6.4</td>
<td>8.1</td>
<td>8.8</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>2.2</td>
<td>2.2</td>
<td>2.4</td>
<td>2.0</td>
<td>2.3</td>
<td>2.4</td>
<td>2.5</td>
<td>1.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Coronary angioplasty</td>
<td>1.5</td>
<td>1.6</td>
<td>1.5</td>
<td>1.6</td>
<td>1.5</td>
<td>1.2</td>
<td>2.8</td>
<td>0.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Coronary artery bypass graft</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6</td>
<td>0.3</td>
<td>0.6</td>
<td>0.4</td>
<td>0.7</td>
<td>0.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>4.1</td>
<td>5.7</td>
<td>5.4</td>
<td>7.2</td>
<td>6.0</td>
<td>5.6</td>
<td>5.4</td>
<td>2.9</td>
<td>5.3</td>
</tr>
<tr>
<td>Haemorrhoidectomy</td>
<td>2.9</td>
<td>1.7</td>
<td>1.7</td>
<td>1.1</td>
<td>1.4</td>
<td>2.0</td>
<td>1.3</td>
<td>2.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>1.4</td>
<td>1.6</td>
<td>1.3</td>
<td>1.7</td>
<td>1.8</td>
<td>1.7</td>
<td>2.4</td>
<td>0.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Hysterectomy, females aged 15–69(b)</td>
<td>2.1</td>
<td>2.1</td>
<td>2.5</td>
<td>2.6</td>
<td>2.6</td>
<td>2.5</td>
<td>2.3</td>
<td>1.7</td>
<td>2.3</td>
</tr>
<tr>
<td>Inguinal herniorrhaphy</td>
<td>2.1</td>
<td>2.1</td>
<td>2.2</td>
<td>2.2</td>
<td>2.0</td>
<td>2.3</td>
<td>2.5</td>
<td>1.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>1.9</td>
<td>1.6</td>
<td>1.8</td>
<td>2.2</td>
<td>2.0</td>
<td>2.1</td>
<td>1.5</td>
<td>2.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>1.6</td>
<td>1.9</td>
<td>1.7</td>
<td>2.1</td>
<td>3.2</td>
<td>1.7</td>
<td>2.7</td>
<td>1.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Prostatectomy (c)</td>
<td>2.7</td>
<td>3.1</td>
<td>2.7</td>
<td>2.5</td>
<td>2.5</td>
<td>3.0</td>
<td>3.6</td>
<td>1.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>1.1</td>
<td>1.4</td>
<td>0.9</td>
<td>0.9</td>
<td>1.3</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Tonsillectomy</td>
<td>2.3</td>
<td>2.3</td>
<td>2.4</td>
<td>2.6</td>
<td>2.8</td>
<td>1.9</td>
<td>3.7</td>
<td>1.0</td>
<td>2.4</td>
</tr>
<tr>
<td>Varicose veins stripping and ligation</td>
<td>0.5</td>
<td>0.8</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.4</td>
<td>1.4</td>
<td>0.4</td>
<td>0.6</td>
</tr>
</tbody>
</table>

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

(b) For Hysterectomy, the rate per 1,000 population was calculated for the estimated resident female population aged 15 to 69 years.

(c) For Prostatectomy, the rate per 1,000 population was calculated for the estimated resident male population.

*Note:* See boxes 3.1 and 3.2 for notes on data limitations and methods. Additional information is in Table 3.21 at the end of this chapter.

Additional information for these procedures for public and private hospitals, and by Indigenous status, remoteness area and socioeconomic status of area of residence is in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.
**Efficiency and sustainability**

Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.

**Performance indicator: Cost per casemix-adjusted separation**

The cost per casemix-adjusted separation is a measure of the average cost of providing care for each admitted patient separation, accounting for the relative complexity of the patient’s condition. It is calculated for selected public acute hospitals as the average recurrent admitted patient expenditure for each separation, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. As such, it can be taken as a measure of the relative technical efficiency of hospitals.

**Box 3.3: Cost per casemix-adjusted separation**

Details of the methods used in this analysis are in Appendix B.

The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of Principal referral and specialist women’s and children’s hospitals, Large hospitals, Medium hospitals and Small acute hospitals.

Hospitals included in this analysis accounted for 97% of separations in public acute and psychiatric hospitals in 2011–12, and 94% of recurrent expenditure on public hospitals (excluding depreciation).

Casemix-adjusted separations is calculated as the product of Total separations and Average cost weight. Separations data are sourced from the National Hospital Morbidity Database, and the 2009–10 AR-DRG version 6.0x cost weights (DoHA 2011) are used. Separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported are included.

Nationally, the average cost per casemix-adjusted separation was $5,204 (excluding depreciation). There was some variation in the cost per casemix-adjusted separation by state and territory (Table 3.15).

A large portion of the total cost was attributed to Non-medical labour and Medical labour costs. Nationally, these costs were $2,564 and $1,163, respectively, per casemix-adjusted separation. Depreciation added an average of 3.9% ($203) to the cost of each separation.

Interpretation of the cost per casemix-adjusted separation data should take into consideration factors such as costs incurred that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. The cost disabilities associated with providing hospital services in the Northern Territory have been recognised by the Commonwealth Grants Commission.
Table 3.15: Cost ($) per casemix-adjusted separation (excluding depreciation), selected public hospitals\(^{*}\), states and territories, 2011–12

<table>
<thead>
<tr>
<th>Hospital peer group</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical labour costs</td>
<td>1,185</td>
<td>975</td>
<td>1,177</td>
<td>1,407</td>
<td>1,237</td>
<td>1,417</td>
<td>1,299</td>
<td>1,163</td>
<td></td>
</tr>
<tr>
<td>Non-medical labour costs</td>
<td>2,490</td>
<td>2,443</td>
<td>2,707</td>
<td>2,729</td>
<td>2,373</td>
<td>3,328</td>
<td>2,969</td>
<td>2,564</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>1,320</td>
<td>1,271</td>
<td>1,338</td>
<td>1,323</td>
<td>1,396</td>
<td>1,460</td>
<td>1,857</td>
<td>1,788</td>
<td>1,336</td>
</tr>
<tr>
<td>Other staff (includes superannuation)</td>
<td>1,169</td>
<td>1,172</td>
<td>1,368</td>
<td>1,406</td>
<td>977</td>
<td>1,417</td>
<td>1,471</td>
<td>1,181</td>
<td>1,229</td>
</tr>
<tr>
<td>Other recurrent costs (excludes</td>
<td>1,604</td>
<td>1,275</td>
<td>1,362</td>
<td>1,596</td>
<td>1,642</td>
<td>1,747</td>
<td>1,639</td>
<td>1,749</td>
<td>1,477</td>
</tr>
<tr>
<td>Depreciation</td>
<td>176</td>
<td>292</td>
<td>180</td>
<td>155</td>
<td>162</td>
<td>146</td>
<td>191</td>
<td>48</td>
<td>203</td>
</tr>
<tr>
<td>Total (excludes depreciation)</td>
<td>5,280</td>
<td>4,693</td>
<td>5,246</td>
<td>5,733</td>
<td>5,251</td>
<td>6,033</td>
<td>6,384</td>
<td>6,017</td>
<td>5,204</td>
</tr>
</tbody>
</table>

\(^{*}\) Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix B for further information.

Note: See boxes 3.1, 3.2 and 3.3 for notes on data limitations and methods.

More detailed information is in tables 3.18 and 3.19 at the end of this chapter and in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Table 3.16 presents cost per casemix-adjusted separation data for selected public hospital peer groups. Public hospitals can be classified into peer groups that allow a more meaningful comparison of cost data. The peer group classification allocates hospitals into broadly similar groups in terms of their level of admitted patient activity and their geographical location (see Appendix B). For more information on the characteristics of public hospitals, see Chapter 4.

Table 3.16: Cost ($) per casemix-adjusted separation (excluding depreciation), by public hospital peer group, selected public hospitals\(^{*}\), states and territories, 2011–12

<table>
<thead>
<tr>
<th>Hospital peer group</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal referral and specialist</td>
<td>5,337</td>
<td>4,670</td>
<td>5,355</td>
<td>5,738</td>
<td>5,287</td>
<td>5,777</td>
<td>6,384</td>
<td>5,967</td>
<td>5,222</td>
</tr>
<tr>
<td>women’s and children’s hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large hospitals</td>
<td>5,003</td>
<td>4,593</td>
<td>3,973</td>
<td>5,149</td>
<td>5,051</td>
<td>7,390</td>
<td></td>
<td></td>
<td>4,912</td>
</tr>
<tr>
<td>Medium hospitals</td>
<td>4,964</td>
<td>4,945</td>
<td>4,645</td>
<td>5,399</td>
<td>5,208</td>
<td>6,406</td>
<td></td>
<td></td>
<td>5,025</td>
</tr>
<tr>
<td>Small acute hospitals</td>
<td>5,931</td>
<td>5,947</td>
<td>5,065</td>
<td>8,259</td>
<td>4,884</td>
<td>7,514</td>
<td></td>
<td></td>
<td>6,171</td>
</tr>
<tr>
<td>Total (selected hospitals)</td>
<td>5,280</td>
<td>4,693</td>
<td>5,246</td>
<td>5,733</td>
<td>5,251</td>
<td>6,033</td>
<td>6,384</td>
<td>6,017</td>
<td>5,204</td>
</tr>
</tbody>
</table>

\(^{*}\) Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix B for further information.

Note: See boxes 3.1, 3.2 and 3.3 for notes on data limitations and methods.

Performance indicator: Relative stay indexes

RSIs are calculated as the observed number of patient days for separations in selected AR-DRGs, divided by the expected number of patient days (based on national figures), standardised for casemix. The adjustment for casemix allows variation in the types of services provided to be taken into account.
An RSI greater than 1 indicates that an average patient’s length of stay is longer than would be expected given the casemix for the category of interest (for example, hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was shorter than would have been expected. More detail on these methods is in Appendix B.

Table 3.17 presents both indirectly and directly standardised RSIs for all hospitals for 2011–12. For the hospitals included in the cost per casemix-adjusted separation analysis (see above), the RSI was 1.00 overall.

### Table 3.17: Relative stay index by medical/surgical/other type of AR-DRG, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indirectly standardised relative stay index</strong>&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td>1.05</td>
<td>0.91</td>
<td>0.89</td>
<td>0.98</td>
<td>1.02</td>
<td>1.04</td>
<td>1.00</td>
<td>1.16</td>
<td>0.98</td>
</tr>
<tr>
<td>Medical</td>
<td>1.03</td>
<td>0.90</td>
<td>0.86</td>
<td>0.95</td>
<td>1.01</td>
<td>1.06</td>
<td>0.99</td>
<td>1.10</td>
<td>0.95</td>
</tr>
<tr>
<td>Surgical</td>
<td>1.08</td>
<td>0.95</td>
<td>0.97</td>
<td>1.05</td>
<td>1.06</td>
<td>1.00</td>
<td>1.01</td>
<td>1.34</td>
<td>1.02</td>
</tr>
<tr>
<td>Other</td>
<td>1.16</td>
<td>0.95</td>
<td>0.96</td>
<td>1.00</td>
<td>1.04</td>
<td>1.00</td>
<td>1.04</td>
<td>1.32</td>
<td>1.04</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td>1.07</td>
<td>1.06</td>
<td>1.07</td>
<td>1.03</td>
<td>1.00</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.06</td>
</tr>
<tr>
<td>Medical</td>
<td>1.26</td>
<td>1.17</td>
<td>1.19</td>
<td>1.10</td>
<td>1.04</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.18</td>
</tr>
<tr>
<td>Surgical</td>
<td>0.97</td>
<td>0.99</td>
<td>0.97</td>
<td>0.98</td>
<td>0.97</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.97</td>
</tr>
<tr>
<td>Other</td>
<td>0.88</td>
<td>0.91</td>
<td>0.98</td>
<td>0.98</td>
<td>0.95</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.94</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>1.05</td>
<td>0.96</td>
<td>0.96</td>
<td>1.00</td>
<td>1.02</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td>Medical</td>
<td>1.06</td>
<td>0.95</td>
<td>0.95</td>
<td>0.98</td>
<td>1.01</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td>Surgical</td>
<td>1.03</td>
<td>0.97</td>
<td>0.97</td>
<td>1.02</td>
<td>1.02</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td>Other</td>
<td>1.08</td>
<td>0.93</td>
<td>0.97</td>
<td>0.99</td>
<td>1.01</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Directly standardised relative stay index</strong>&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td>1.07</td>
<td>0.93</td>
<td>0.92</td>
<td>1.01</td>
<td>1.03</td>
<td>1.06</td>
<td>1.05</td>
<td>1.26</td>
<td>0.99</td>
</tr>
<tr>
<td>Medical</td>
<td>1.04</td>
<td>0.90</td>
<td>0.86</td>
<td>0.96</td>
<td>1.01</td>
<td>1.07</td>
<td>1.03</td>
<td>1.10</td>
<td>0.96</td>
</tr>
<tr>
<td>Surgical</td>
<td>1.10</td>
<td>0.97</td>
<td>1.01</td>
<td>1.09</td>
<td>1.07</td>
<td>1.04</td>
<td>1.07</td>
<td>1.54</td>
<td>1.04</td>
</tr>
<tr>
<td>Other</td>
<td>1.18</td>
<td>0.98</td>
<td>1.00</td>
<td>1.02</td>
<td>1.04</td>
<td>1.02</td>
<td>1.09</td>
<td>1.35</td>
<td>1.07</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td>1.20</td>
<td>1.13</td>
<td>1.16</td>
<td>1.11</td>
<td>1.10</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.14</td>
</tr>
<tr>
<td>Medical</td>
<td>1.35</td>
<td>1.22</td>
<td>1.27</td>
<td>1.19</td>
<td>1.17</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.24</td>
</tr>
<tr>
<td>Surgical</td>
<td>0.98</td>
<td>0.99</td>
<td>0.98</td>
<td>0.98</td>
<td>0.98</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.98</td>
</tr>
<tr>
<td>Other</td>
<td>0.90</td>
<td>0.97</td>
<td>1.00</td>
<td>1.05</td>
<td>1.03</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.98</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>1.06</td>
<td>0.96</td>
<td>0.96</td>
<td>1.00</td>
<td>1.02</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td>Medical</td>
<td>1.07</td>
<td>0.96</td>
<td>0.95</td>
<td>0.99</td>
<td>1.02</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td>Surgical</td>
<td>1.04</td>
<td>0.97</td>
<td>0.98</td>
<td>1.02</td>
<td>1.03</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
<tr>
<td>Other</td>
<td>1.08</td>
<td>0.94</td>
<td>0.97</td>
<td>1.00</td>
<td>1.01</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.00</td>
</tr>
</tbody>
</table>

<sup>(a)</sup> Separations for which the care type was reported as Acute or Newborn with qualified days, or was not reported. Relative stay index based on all hospitals using AR-DRG version 6.0x.

<sup>(b)</sup> The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

<sup>(c)</sup> The directly standardised relative stay index is re-scaled so each group represents the national casemix and is therefore directly comparable between cells.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods. Additional information on RSI by funding source is in Table 3.20.
The indirectly standardised RSI is not technically comparable between cells (for example, between hospital groups) but is a comparison of the hospital group with the national average based on the casemix of that group. The directly standardised RSI is re-scaled so that each group represents the national casemix and allows comparison of RSI values across groups of hospitals.

Overall, the directly standardised RSI for private hospitals was 1.14, compared with 0.99 for public hospitals, indicating relatively shorter lengths of stay in the public sector compared with the private sector.

Table 3.17 also presents RSI information for the Medical, Surgical and Other categories of AR-DRGs (DoHA 2012). These figures indicate relatively shorter lengths of stay for Medical separations in public hospitals, and for Surgical and Other separations in private hospitals.

Performance indicator: Average lengths of stay for selected AR-DRGs

The selected AR-DRGs (Figure 3.1 and Table 3.22) were chosen on the basis of:

- homogeneity, where variation is more likely to be attributable to the hospital’s performance rather than variations in the patients themselves
- representativeness across clinical groups (Major Diagnostic Categories) and surgical and medical AR-DRGs
- differences between jurisdictions and/or sectors
- policy interest as evidenced by:
  - inclusion of similar groups in other tables in Australian hospital statistics, such as indicator procedures for elective surgery waiting times
  - high volume and/or cost
  - changes in volume over years.

More information on the basis of selection for the AR-DRGs is in Appendix B. Due to changes in the classification between AR-DRG version 5.2, AR-DRG version 6.0 and AR-DRG version 6.0x, the data presented here are not comparable with the data presented in previous reports.

Figure 3.1 presents the average length of stay for selected AR-DRGs in public and private hospitals. There were notable differences (more than 1 day) in the average length of stay between public and private hospitals for 8 of the 20 selected AR-DRGs. For example, the average length of stay for E65B Chronic obstructive airways disease without catastrophic complications or comorbidities was 4.5 days for public hospitals and 7.7 days for private hospitals.

There were also some notable differences in average lengths of stay between states and territories. For example, for F62B Heart failure and Shock without catastrophic complications or comorbidities, the average length of stay in public hospitals ranged from 3.8 days in Victoria and Queensland to 5.0 days in New South Wales and Tasmania (Table 3.22). For private hospitals, the average length of stay for F62B ranged from 6.3 days in Western Australia to 8.5 days in New South Wales.
Additional information on the average length of stay for selected AR-DRGs is in Table 3.22 at the end of this chapter.

![Graph showing average length of stay for selected AR-DRGs]

**Australian Refined -Diagnosis Related Group**

- Lymphoma and non-acute leukaemia without CCC
- Neonate, admission weight >2499 g, without significant operating room procedure without problem
- Vaginal delivery single uncomplicated
- Caesarean delivery without CSCC
- Female reproductive system reconstructive procedures without CSCC
- Hysterectomy for non-malignancy without CSCC
- Transurethral prostatectomy without CSCC
- Kidney and urinary tract infections without CSCC
- Other shoulder procedures
- Knee replacement without CSCC
- Hip replacement without CCC
- Hernia procedures without CC
- Appendicectomy without malignancy or peritonitis without CSCC
- Arrhythmia, cardiac arrest and conduction disorders without CSCC
- Heart failure and shock without CCC
- Bronchitis and asthma without CC
- Chronic obstructive airways disease without CCC
- Respiratory infections/inflammations without CC
- Tonsillectomy and/or adenoidectomy
- Retinal procedures

**CC—complications and comorbidities: CCC—catastrophic complications and comorbidities; CSCC—catastrophic and/or severe complications and comorbidities.**

**Note:** See boxes 3.1 and 3.2 for notes on data limitations and methods.

**Figure 3.1: Average length of stay (days) for selected AR-DRGs version 6.0x, public and private hospitals, 2011–12**
Table 3.18: Cost ($) per casemix-adjusted separation and average cost data for selected public acute hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT(a)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-medical labour costs per casemix-adjusted separation(c) ($)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>1,320</td>
<td>1,271</td>
<td>1,338</td>
<td>1,323</td>
<td>1,396</td>
<td>1,460</td>
<td></td>
<td>1,857</td>
<td>1,788</td>
</tr>
<tr>
<td>Diagnostic/allied health</td>
<td>347</td>
<td>412</td>
<td>373</td>
<td>353</td>
<td>285</td>
<td>314</td>
<td>392</td>
<td>380</td>
<td>366</td>
</tr>
<tr>
<td>Administrative</td>
<td>361</td>
<td>284</td>
<td>356</td>
<td>438</td>
<td>292</td>
<td>450</td>
<td>324</td>
<td>526</td>
<td>364</td>
</tr>
<tr>
<td>Other staff</td>
<td>215</td>
<td>229</td>
<td>343</td>
<td>326</td>
<td>151</td>
<td>324</td>
<td>305</td>
<td>100</td>
<td>364</td>
</tr>
<tr>
<td>Superannuation</td>
<td>247</td>
<td>247</td>
<td>296</td>
<td>289</td>
<td>249</td>
<td>443</td>
<td>364</td>
<td>n.a.</td>
<td>265</td>
</tr>
<tr>
<td><strong>Total non-medical labour costs</strong></td>
<td><strong>2,490</strong></td>
<td><strong>2,443</strong></td>
<td><strong>2,707</strong></td>
<td><strong>2,729</strong></td>
<td><strong>2,373</strong></td>
<td><strong>2,990</strong></td>
<td></td>
<td><strong>3,328</strong></td>
<td><strong>2,969</strong></td>
</tr>
<tr>
<td>Other recurrent costs per casemix-adjusted separation(c) ($)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic services</td>
<td>117</td>
<td>100</td>
<td>108</td>
<td>139</td>
<td>93</td>
<td>99</td>
<td>224</td>
<td>158</td>
<td>113</td>
</tr>
<tr>
<td>Repairs/maintenance</td>
<td>113</td>
<td>87</td>
<td>97</td>
<td>202</td>
<td>104</td>
<td>65</td>
<td>75</td>
<td>153</td>
<td>109</td>
</tr>
<tr>
<td>Medical supplies(d)</td>
<td>574</td>
<td>400</td>
<td>572</td>
<td>380</td>
<td>349</td>
<td>746</td>
<td>518</td>
<td>435</td>
<td>491</td>
</tr>
<tr>
<td>Drug supplies</td>
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<td>243</td>
<td>286</td>
<td>244</td>
<td>326</td>
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<td>245</td>
</tr>
<tr>
<td>Food supplies</td>
<td>92</td>
<td>46</td>
<td>34</td>
<td>32</td>
<td>50</td>
<td>44</td>
<td>49</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Administration</td>
<td>360</td>
<td>278</td>
<td>286</td>
<td>233</td>
<td>150</td>
<td>281</td>
<td>452</td>
<td>199</td>
<td>294</td>
</tr>
<tr>
<td>Other</td>
<td>113</td>
<td>121</td>
<td>21</td>
<td>323</td>
<td>671</td>
<td>180</td>
<td>507</td>
<td>168</td>
<td></td>
</tr>
<tr>
<td><strong>Total other recurrent costs excluding depreciation</strong></td>
<td><strong>1,604</strong></td>
<td><strong>1,275</strong></td>
<td><strong>1,362</strong></td>
<td><strong>1,596</strong></td>
<td><strong>1,642</strong></td>
<td><strong>1,747</strong></td>
<td><strong>1,639</strong></td>
<td><strong>1,749</strong></td>
<td><strong>1,477</strong></td>
</tr>
<tr>
<td>Depreciation(e)</td>
<td>176</td>
<td>292</td>
<td>180</td>
<td>155</td>
<td>146</td>
<td>191</td>
<td>48</td>
<td>203</td>
<td></td>
</tr>
<tr>
<td><strong>Total excluding medical labour costs and depreciation</strong></td>
<td><strong>4,094</strong></td>
<td><strong>3,718</strong></td>
<td><strong>4,068</strong></td>
<td><strong>4,326</strong></td>
<td><strong>4,015</strong></td>
<td><strong>4,738</strong></td>
<td><strong>4,967</strong></td>
<td><strong>4,718</strong></td>
<td><strong>4,041</strong></td>
</tr>
<tr>
<td>Medical labour costs per casemix-adjusted separation(c) ($)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaried/sessional staff</td>
<td>630</td>
<td>731</td>
<td>961</td>
<td>1,054</td>
<td>856</td>
<td>1,006</td>
<td>902</td>
<td>1,150</td>
<td>797</td>
</tr>
<tr>
<td>Visiting medical officer payments</td>
<td>248</td>
<td>70</td>
<td>63</td>
<td>172</td>
<td>185</td>
<td>2</td>
<td>301</td>
<td>97</td>
<td>147</td>
</tr>
<tr>
<td>Private patients (estimated)(f)</td>
<td>307</td>
<td>174</td>
<td>153</td>
<td>181</td>
<td>195</td>
<td>288</td>
<td>214</td>
<td>51</td>
<td>218</td>
</tr>
<tr>
<td><strong>Total medical labour costs</strong></td>
<td><strong>1,185</strong></td>
<td><strong>975</strong></td>
<td><strong>1,177</strong></td>
<td><strong>1,407</strong></td>
<td><strong>1,237</strong></td>
<td><strong>1,295</strong></td>
<td><strong>1,417</strong></td>
<td><strong>1,299</strong></td>
<td><strong>1,163</strong></td>
</tr>
<tr>
<td>Total cost per casemix-adjusted separation(c) excluding depreciation</td>
<td>5,280</td>
<td>4,693</td>
<td>5,246</td>
<td>5,733</td>
<td>5,251</td>
<td>6,033</td>
<td>6,384</td>
<td>6,017</td>
<td>5,204</td>
</tr>
<tr>
<td>Total cost per casemix-adjusted separation(c) including depreciation</td>
<td>5,455</td>
<td>4,985</td>
<td>5,425</td>
<td>5,887</td>
<td>5,413</td>
<td>6,179</td>
<td>6,575</td>
<td>6,065</td>
<td>5,407</td>
</tr>
</tbody>
</table>

(a) Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeerced and other, Hospices, Rehabilitation facilities. Small non-acute hospitals and Multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included.

(b) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text). Superannuation figures were not available for the Northern Territory.

(c) Casemix-adjusted separations are the product of total separations and average cost weight. The average cost weight is calculated using the 2009–10 AR-DRG version 6.0x cost weights (DoHA 2012) for separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported.

(d) Services purchased from the private sector rather than being provided by public hospitals will result in higher medical supplies costs and lower total full-time equivalent staff.

(e) Depreciation was not reported for a small number of South Australian and Tasmanian hospitals.

(f) Estimated private patient medical costs were calculated as the sum of Salary/sessional and Visiting medical officer payments multiplied by the proportion of patient days that were for private patients. This is a notional estimate of the medical costs for all non-public patients.

Note: See boxes 3.1, 3.2 and 3.3 for notes on limitations of the data and methods.
Table 3.19: Cost ($) per casemix-adjusted separation\(^{(a)}\) and selected other statistics, acute, non-acute and total public hospitals\(^{(b)}\), states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Number of hospitals</th>
<th>Separations per hospital</th>
<th>AR-DRGs (5+) per hospital(^{(c)})</th>
<th>Average cost weight(^{(d)})</th>
<th>Relative stay index(^{(e)})</th>
<th>Cost/casemix-adjusted sep excl dep ($)</th>
<th>Cost/casemix-adjusted sep incl dep ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total hospitals in cost per casemix-adjusted separation analysis(^{(a)(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>120</td>
<td>13,275</td>
<td>188</td>
<td>1.04</td>
<td>1.10</td>
<td>5,280</td>
<td>5,455</td>
</tr>
<tr>
<td>Vic</td>
<td>66</td>
<td>22,894</td>
<td>244</td>
<td>0.96</td>
<td>0.91</td>
<td>4,693</td>
<td>4,985</td>
</tr>
<tr>
<td>Qld</td>
<td>78</td>
<td>12,527</td>
<td>157</td>
<td>1.01</td>
<td>0.91</td>
<td>5,246</td>
<td>5,425</td>
</tr>
<tr>
<td>WA</td>
<td>34</td>
<td>16,608</td>
<td>186</td>
<td>0.91</td>
<td>1.00</td>
<td>5,733</td>
<td>5,887</td>
</tr>
<tr>
<td>SA</td>
<td>37</td>
<td>10,388</td>
<td>150</td>
<td>1.07</td>
<td>1.04</td>
<td>5,251</td>
<td>5,413</td>
</tr>
<tr>
<td>Tas</td>
<td>10</td>
<td>9,772</td>
<td>153</td>
<td>1.06</td>
<td>1.07</td>
<td>6,033</td>
<td>6,179</td>
</tr>
<tr>
<td>ACT</td>
<td>2</td>
<td>50,728</td>
<td>454</td>
<td>1.00</td>
<td>1.02</td>
<td>6,384</td>
<td>6,575</td>
</tr>
<tr>
<td>NT</td>
<td>5</td>
<td>22,671</td>
<td>226</td>
<td>0.67</td>
<td>1.18</td>
<td>6,017</td>
<td>6,065</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>352</td>
<td>15,167</td>
<td>189</td>
<td>0.99</td>
<td>1.00</td>
<td>5,204</td>
<td>5,407</td>
</tr>
<tr>
<td><strong>Non-acute hospitals excluded from cost per casemix-adjusted separation analysis(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>105</td>
<td>587</td>
<td>10</td>
<td>1.09</td>
<td>0.86</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>Vic</td>
<td>38</td>
<td>863</td>
<td>12</td>
<td>0.65</td>
<td>1.36</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>Qld</td>
<td>92</td>
<td>262</td>
<td>9</td>
<td>0.75</td>
<td>0.85</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>SA</td>
<td>43</td>
<td>513</td>
<td>15</td>
<td>0.83</td>
<td>1.31</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>Tas</td>
<td>13</td>
<td>147</td>
<td>5</td>
<td>0.90</td>
<td>1.80</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>ACT(^{(f)})</td>
<td>1</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>NT</td>
<td>0</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>354</td>
<td>469</td>
<td>11</td>
<td>0.89</td>
<td>1.04</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td><strong>All public hospitals (including Psychiatric and unpeered)(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vic</td>
<td>104</td>
<td>14,844</td>
<td>159</td>
<td>0.96</td>
<td>0.92</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>Qld</td>
<td>170</td>
<td>5,890</td>
<td>77</td>
<td>1.00</td>
<td>0.90</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>WA</td>
<td>96</td>
<td>6,126</td>
<td>73</td>
<td>0.91</td>
<td>1.01</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>SA</td>
<td>80</td>
<td>5,080</td>
<td>77</td>
<td>1.06</td>
<td>1.06</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>Tas</td>
<td>23</td>
<td>4,332</td>
<td>69</td>
<td>1.06</td>
<td>1.09</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>ACT(^{(f)})</td>
<td>3</td>
<td>32,485</td>
<td>303</td>
<td>1.00</td>
<td>1.02</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td>NT</td>
<td>5</td>
<td>22,671</td>
<td>226</td>
<td>0.67</td>
<td>1.18</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>706</td>
<td>7,797</td>
<td>99</td>
<td>0.99</td>
<td>1.00</td>
<td>n.p.</td>
<td>n.p.</td>
</tr>
</tbody>
</table>

Cost/casemix-adjusted sep excl dep—Cost per casemix-adjusted separation excluding depreciation.

Cost/casemix-adjusted sep incl dep—Cost per casemix-adjusted separation including depreciation.

(a) Casemix-adjusted separations are the product of total separations and average cost weight.

(b) Cost per casemix-adjusted separation analysis excludes Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included.

(c) The number of different AR-DRGs version 6.0x provided by a hospital for which there were at least five acute separations.

(d) Average cost weight from the National Hospital Morbidity Database, based on separations for which the care type was Acute, Newborn (with qualified days) or was not reported, using the 2009–10 AR-DRG version 6.0x cost weights (DoHA 2012).

(e) Indirectly standardised relative stay index calculated as observed divided by expected length of stay modelled on age and AR-DRG version 6.0x; for public hospitals using the indirect method. See Appendix B for details on the methodology.

(f) For the Australian Capital Territory, the information presented for RSI, average cost weight and cost per casemix-adjusted separation data are only presented for hospitals reporting admitted patient activity (excludes a mothercraft hospital).

Note: See boxes 3.1, 3.2 and 3.3 for notes on limitations of the data and methods.
Table 3.20: Relative stay index (indirectly standardised), by funding source, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>1.04</td>
<td>0.91</td>
<td>0.89</td>
<td>0.97</td>
<td>1.01</td>
<td>1.03</td>
<td>1.00</td>
<td>1.16</td>
<td>0.97</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>1.07</td>
<td>0.96</td>
<td>0.96</td>
<td>1.10</td>
<td>1.10</td>
<td>1.05</td>
<td>1.03</td>
<td>1.01</td>
<td>1.03</td>
</tr>
<tr>
<td>Self-funded&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>1.06</td>
<td>0.92</td>
<td>0.84</td>
<td>0.91</td>
<td>0.90</td>
<td>0.93</td>
<td>0.89</td>
<td>1.08</td>
<td>1.01</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>1.14</td>
<td>1.02</td>
<td>1.08</td>
<td>1.21</td>
<td>1.18</td>
<td>1.04</td>
<td>1.09</td>
<td>1.49</td>
<td>1.11</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>1.24</td>
<td>0.91</td>
<td>1.05</td>
<td>1.20</td>
<td>1.24</td>
<td>1.28</td>
<td>1.00</td>
<td>1.34</td>
<td>1.09</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>0.99</td>
<td>0.90</td>
<td>0.83</td>
<td>0.94</td>
<td>1.06</td>
<td>1.07</td>
<td>0.88</td>
<td>1.28</td>
<td>0.96</td>
</tr>
<tr>
<td>Other&lt;sup&gt;(c)&lt;/sup&gt;</td>
<td>1.80</td>
<td>0.93</td>
<td>0.90</td>
<td>1.08</td>
<td>1.09</td>
<td>0.99</td>
<td>1.08</td>
<td>1.24</td>
<td>1.22</td>
</tr>
<tr>
<td>Total public hospitals</td>
<td>1.05</td>
<td>0.91</td>
<td>0.89</td>
<td>0.98</td>
<td>1.02</td>
<td>1.04</td>
<td>1.00</td>
<td>1.16</td>
<td>0.98</td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>1.14</td>
<td>1.82</td>
<td>1.10</td>
<td>0.97</td>
<td>0.90</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.13</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>1.07</td>
<td>1.06</td>
<td>1.06</td>
<td>1.02</td>
<td>1.00</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.05</td>
</tr>
<tr>
<td>Self-funded&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>0.98</td>
<td>0.97</td>
<td>0.86</td>
<td>0.87</td>
<td>0.82</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.94</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>1.02</td>
<td>1.01</td>
<td>0.97</td>
<td>0.94</td>
<td>0.92</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.99</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>0.89</td>
<td>1.07</td>
<td>1.23</td>
<td>0.91</td>
<td>0.96</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.04</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>1.24</td>
<td>1.11</td>
<td>1.25</td>
<td>1.21</td>
<td>1.12</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.20</td>
</tr>
<tr>
<td>Other&lt;sup&gt;(c)&lt;/sup&gt;</td>
<td>1.59</td>
<td>1.09</td>
<td>1.14</td>
<td>1.05</td>
<td>0.92</td>
<td>n.p.</td>
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(a) Public patients: separations for Medicare-eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a Public patient election status) and No charge raised (in public hospitals).

(b) Tasmania was unable to identify all patients whose funding source may have been Self-funded, therefore, the number of separations in this category may be underestimated and others may be overestimated.

(c) Other: separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.
<table>
<thead>
<tr>
<th>Procedure</th>
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<th>Qld</th>
<th>WA</th>
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(continued)
Table 3.21 (continued): Separation statistics for selected hospital procedures\(^{(a)}\), all hospitals, states and territories, 2011–12

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(continued)
Table 3.21 (continued): Separation statistics for selected hospital procedures\(^{(a)}\), all hospitals, states and territories, 2011–12

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(continued)
**Table 3.21 (continued): Separation statistics for selected hospital procedures**, all hospitals, states and territories, 2011–12

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<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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(a) The procedures are defined using ACHI codes as detailed in Appendix B.
Table 3.22: Average length of stay (days)\(^{(a)}\) for selected AR-DRGs\(^{(b)}\) version 6.0x, public and private hospitals, states and territories, 2011–12

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<tr>
<th>AR-DRG</th>
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<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
<td>1.4</td>
<td>1.0</td>
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<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>n.p.</td>
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<td>n.p.</td>
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<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
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<td>n.p.</td>
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<td></td>
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<tr>
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<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
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<td>1.3</td>
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</tr>
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<td>5.1</td>
<td>4.6</td>
<td>4.4</td>
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<td>n.p.</td>
<td>n.p.</td>
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<td>2.9</td>
<td>2.9</td>
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<td>n.p.</td>
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(continued)
Table 3.22 (continued): Average length of stay (days)\(^{(a)}\) for selected AR-DRGs\(^{(b)}\) version 6.0, public and private hospitals, states and territories, 2011–12

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<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
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Table 3.22 (continued): Average length of stay (days)(a) for selected AR-DRGs(b) version 6.0x, public and private hospitals, states and territories, 2011–12

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(continued)
Table 3.22 (continued): Average length of stay (days)\(^{(a)}\) for selected AR-DRGs\(^{(b)}\) version 6.0x, public and private hospitals, states and territories, 2011–12

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<td>Female reproductive system reconstructive procedures without CSCC</td>
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(continued)
Table 3.22 (continued): Average length of stay (days)\(^{(a)}\) for selected AR-DRGs\(^{(b)}\) version 6.0x, public and private hospitals, states and territories, 2011–12

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<tr>
<th>AR-DRG</th>
<th>Hospital sector</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
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<td>3.8</td>
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<td>4.2</td>
<td>3.9</td>
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<td>4.5</td>
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<td>803</td>
<td>913</td>
<td>671</td>
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<td>1.8</td>
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<td>1.9</td>
<td>1.8</td>
<td>2.0</td>
<td>1.4</td>
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<td>1.8</td>
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<td>3.9</td>
<td>3.4</td>
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<td>6,833</td>
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<td>1,892</td>
<td>695</td>
<td>568</td>
<td>449</td>
<td>28,653</td>
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<td>1,300</td>
<td>626</td>
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<td>P67D Neonate, admwt &gt;2499 g without significant OR procedure without problem</td>
<td>Public</td>
<td>2.2</td>
<td>2.9</td>
<td>2.0</td>
<td>2.4</td>
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<td>1,347</td>
<td>790</td>
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<td>329</td>
<td>36,997</td>
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<td>1,516</td>
<td>663</td>
<td>726</td>
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<td>3,963</td>
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<td>46,736</td>
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<td>1,017</td>
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admwt—admission weight; CC—complications and comorbidities; CSCC—catastrophic and/or severe complications and comorbidities; OR—operating room.

(a) Separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported. Excludes separations where the length of stay was greater than 120 days. Average length of stay suppressed for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory, or if fewer than 50 separations were reported.

(b) For more information on the selected AR-DRGs, see Appendix B and tables accompanying this report online.
4 Australia’s hospital resources

This chapter presents an overview of public and private hospitals in 2011–12, covering the number and types of hospitals and availability of beds. It also describes public hospitals in terms of expenditure and revenue, the number of full-time equivalent staff employed and specialised services provided.

What data are reported?

The hospital types reported in this chapter are:

- public hospitals (acute and psychiatric hospitals)
- private free-standing day hospital facilities and other private hospitals (acute and psychiatric hospitals).

Information on public hospital resources was derived from the NPHED. Financial data reported from the NPHED are not directly comparable with data reported in the annual AIHW publication Health expenditure Australia 2010–11 (AIHW 2012e). In the latter, trust fund expenditure is included (whereas it is not included in the data here) and hospital expenditure may be defined to cover activity not covered by this data collection.

Private hospital information for the period 2010–11 on the numbers of hospitals, beds, expenditure and revenue was sourced from the ABS PHEC. Caution should be used in comparing the data for private hospitals and public hospitals as there are variations in the data definitions used between the NPHED and the PHEC.

Box 4.1: What are the limitations of the data?

**Hospitals**

- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see Appendix B).

**Hospital beds**

- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix). For example, hospitals may have different proportions of beds available for special and more general purposes, or for use as same-day care only or as overnight beds. Public and private hospital bed numbers presented in this chapter are based on different definitions.
- The number of average available beds presented in this report may differ from the counts published elsewhere. For example, counts based on a specified date, such as 30 June, may differ from the average available beds for the reporting period.
- Due to changes in definitions, the numbers of beds reported before 1 July 2009 may not be comparable to the numbers of beds reported after 1 July 2009.
- From 1 July 2009, average available beds for same-day patients are the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period.

(continued)
Box 4.1 (continued)

- From 1 July 2009, average available beds for overnight-stay patients are the number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period.

- Before 1 July 2009, average available beds were the average number of beds which were immediately available for use by an admitted patient within the establishment. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-admitted patient care were excluded. Beds in wards that were closed for any reason were also excluded.

Public hospital financial data

- A small number of establishments in 2011–12 did not report any financial data, or reported incomplete financial data.

Public hospital expenditure

- Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the National health data dictionary (AIHW 2012f) categories and the comparability of the data may not be adequate for reporting.

- Recurrent expenditure reported in this chapter was largely expenditure by hospitals and may not necessarily include all expenditure spent on hospital services by each state or territory government. For example, recurrent expenditure on purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals may not be included.

- Expenditure on public patients hospitalised in other jurisdictions may not be included.

Public hospital revenue

- Revenue reported in this chapter was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory government for the provision of public hospital services.

Public hospital staffing

- The collection of data by staffing category was not consistent among states and territories—for some jurisdictions, best estimates were reported for some staffing categories. There was variation in the reporting of Other personal care staff and Domestic and other staff.

- Variation between the states and territories in the outsourcing of services may explain some of the differences in full-time equivalent staff in some staffing categories and in average salaries reported.

- Information on numbers of visiting medical officers who were contracted by hospitals to provide services to public patients and paid on sessional or fee-for-service basis in public hospitals was not available.
Box 4.2: What methods were used?

- The remoteness area of hospital as presented in this chapter is based on the ABS’ 2006 Australian Standard Geographical Classification (see Appendix B). Beds per 1,000 population by remoteness areas are reported as crude rates based on the 30 June 2011 population in the remoteness area in question.
- Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

How have hospital numbers changed over time?

Public hospitals

In 2011–12, there were 753 public hospitals reported, compared with 762 in 2007–08. Changes in the numbers of hospitals over time can reflect the opening of new hospitals, the closure of older hospitals or the amalgamation of existing hospitals.

From 2009–10, the data for the Albury Base Hospital (in New South Wales) have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore included in statistics for Victoria from 2009–10 whereas they were formerly reported by and included in statistics for New South Wales.

For Tasmania, the Statewide Mental Health Services has been reported as one entity since 2009–10, when it included three separate public psychiatric hospitals. From 2010–11, it also included a drug and alcohol treatment facility. Therefore, the number of reporting units changed between 2008–09 and 2010–11, but the number of public psychiatric hospital campuses remained the same. The decrease in the number of available beds for Tasmania between 2009–10 and 2010–11 was mainly due to a classification change of 76 beds from ‘acute mental health beds’ to ‘residential care beds’, and the result of an audit of beds in acute care facilities.
Table 4.1: Number of hospitals and average available beds(a), public hospitals, states and territories, 2007–08 to 2011–12

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<tr>
<td></td>
<td>Average since 2007–08</td>
<td>Since 2010–11</td>
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<td>226</td>
<td>226</td>
<td>225</td>
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<td>151</td>
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<td>13,370</td>
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<td>2.4</td>
<td>2.4</td>
<td>2.4</td>
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<td>3.0</td>
<td>3.1</td>
<td>3.1</td>
<td>3.2</td>
<td>0.4 3.3</td>
</tr>
<tr>
<td>Tasmania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>27</td>
<td>28</td>
<td>24</td>
<td>23</td>
<td>23</td>
<td>−3.9 0.0</td>
</tr>
<tr>
<td>Average available beds</td>
<td>1,275</td>
<td>1,275</td>
<td>1,359</td>
<td>1,196</td>
<td>1,188</td>
<td>−1.8 −0.7</td>
</tr>
<tr>
<td>Available beds per 1,000 population</td>
<td>2.6</td>
<td>2.7</td>
<td>2.4</td>
<td>2.4</td>
<td>2.3</td>
<td>−2.6 −1.2</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0.0 0.0</td>
</tr>
<tr>
<td>Average available beds</td>
<td>851</td>
<td>875</td>
<td>907</td>
<td>926</td>
<td>939</td>
<td>2.5 1.4</td>
</tr>
<tr>
<td>Available beds per 1,000 population</td>
<td>2.5</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
<td>0.8 −0.5</td>
</tr>
<tr>
<td>Northern Territory</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>0.0 0.0</td>
</tr>
<tr>
<td>Average available beds</td>
<td>616</td>
<td>650</td>
<td>694</td>
<td>662</td>
<td>696</td>
<td>3.1 5.1</td>
</tr>
<tr>
<td>Available beds per 1,000 population</td>
<td>2.9</td>
<td>2.9</td>
<td>3.1</td>
<td>2.9</td>
<td>3.0</td>
<td>1.2 4.7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>762</td>
<td>756</td>
<td>753</td>
<td>752</td>
<td>753</td>
<td>−0.3 0.1</td>
</tr>
<tr>
<td>Average available beds</td>
<td>56,467</td>
<td>56,522</td>
<td>56,900</td>
<td>57,772</td>
<td>58,420</td>
<td>0.9 1.1</td>
</tr>
<tr>
<td>Available beds per 1,000 population</td>
<td>2.7</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
<td>−0.7 −0.1</td>
</tr>
</tbody>
</table>

(a) Due to changes in the definitions of available beds, the numbers of beds reported before 1 July 2009 may not be comparable with the numbers of beds reported after 1 July 2009.

(b) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales. See Box 2.1 for more information.

(c) From 2009–10, Tasmania’s Statewide Mental Health Services, which was previously reported as three separate public psychiatric hospitals, was reported as one entity. From 2010–11, it also included a drug and alcohol treatment facility. Therefore, the number of reporting units changed between 2008–09 and 2010–11, but the number of public psychiatric hospital campuses remained the same.

(d) In 2010–11, Tasmania reclassified 76 beds from ‘acute mental health beds’ to ‘residential care beds’, decreasing the number of beds reported for public psychiatric hospitals in Tasmania.
While average available bed numbers rose overall between 2007–08 and 2011–12, the overall number of available beds per 1,000 population fell (from 2.7 per 1,000 to 2.6 per 1,000).

For South Australia, the Australian Capital Territory and the Northern Territory, both the average available beds and the number of available beds per 1,000 population increased between 2007–08 and 2011–12 (Table 4.1).

**Private hospitals**

In 2010–11 there were 593 private hospitals, compared with 557 in 2006–07. South Australia accounted for most of the increase in private hospital numbers over this period. Between 2006–07 and 2010–11, the number of average available beds in private hospitals increased by an average of 1.5% per year. Available beds per 1,000 population were relatively stable over the same period (Table 4.2).

**Table 4.2: Number of hospitals and average available beds, private hospitals, states and territories, 2006–07 to 2010–11**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>175</td>
<td>176</td>
<td>179</td>
<td>183</td>
<td>1.1</td>
<td>1.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Victoria</td>
<td>155</td>
<td>152</td>
<td>161</td>
<td>167</td>
<td>1.9</td>
<td>1.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Queensland</td>
<td>109</td>
<td>106</td>
<td>106</td>
<td>107</td>
<td>-0.5</td>
<td>-0.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Western Australia</td>
<td>54</td>
<td>54</td>
<td>55</td>
<td>56</td>
<td>0.9</td>
<td>0.9</td>
<td>1.8</td>
</tr>
<tr>
<td>South Australia</td>
<td>40</td>
<td>n.a.</td>
<td>50</td>
<td>57</td>
<td>8.8</td>
<td>8.8</td>
<td>-1.8</td>
</tr>
<tr>
<td></td>
<td>557</td>
<td>n.a.</td>
<td>564</td>
<td>581</td>
<td>593</td>
<td>1.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Total private hospitals</td>
<td>26,678</td>
<td>n.a.</td>
<td>27,180</td>
<td>27,748</td>
<td>28,351</td>
<td>1.5</td>
<td>2.2</td>
</tr>
</tbody>
</table>

**Available beds per 1,000 population**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.3</td>
<td>n.a.</td>
<td>1.2</td>
<td>1.3</td>
<td>1.3</td>
<td>0.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

(a) Data for the 2007–08 reference year are not available.

(b) The Australian Capital Territory, the Northern Territory and Tasmania have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Available beds/chairs (average for the year).

(d) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 31 December for the relevant period.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Source: ABS 2012.

**How many hospitals were there in 2011–12?**

Table 4.3 presents the number of public and private hospitals by state and territory for 2011–12.

Where available, the numbers of private hospitals in 2011–12 were sourced from the states and territories. For the remaining states and/or territories, numbers of private hospitals in 2010–11 were sourced the ABS’ Private Hospital Establishment Collection. The three largest states together accounted for almost three-quarters of all reported hospitals.
Table 4.3: Public and private hospitals(a), states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW(a)</th>
<th>Vic(b)</th>
<th>Qld(c)</th>
<th>WA(d)</th>
<th>SA(e)</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>218</td>
<td>150</td>
<td>166</td>
<td>94</td>
<td>78</td>
<td>22</td>
<td>3</td>
<td>5</td>
<td>736</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>94</td>
<td>85</td>
<td>52</td>
<td>35</td>
<td>26</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>307</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>93</td>
<td>81</td>
<td>52</td>
<td>21</td>
<td>29</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>285</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>412</td>
<td>317</td>
<td>274</td>
<td>152</td>
<td>135</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,345</td>
</tr>
</tbody>
</table>

(a) For New South Wales, Victoria, Queensland, Western Australia and South Australia, the numbers of private hospitals were provided by the jurisdiction and relate to the 2011–12 period. For other jurisdictions, the data were sourced from the ABS’ Private Hospital Establishments Collection for 2010–11.

(b) The number of public hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2011–12.

(c) The total combines counts of private hospitals provided by jurisdictions for 2011–12, or sourced from the ABS’ Private Hospital Establishment Collection, 2010–11.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

How many hospital beds?

In 2011–12, there were about 86,800 average available beds, with 67% (58,420) in public hospitals (Table 4.4).

In 2011–12 the total number of available beds per 1,000 population, in public and private hospitals, was 3.9 per 1,000. The number of available beds in public acute hospitals ranged from 2.3 per 1,000 population in Western Australia and Tasmania, to 3.1 per 1,000 in South Australia.

The collection of Average available beds for overnight-stay patients and Average available beds for same-day patients was mandated for national reporting in the Public Hospital Establishments NMDS from 1 July 2009.

Nationally, about 88% of beds in public acute hospitals were available for overnight-stay patients (Table 4.4). The proportion of beds in public acute hospitals that were available for same-day patients only ranged from 5% in the Northern Territory to 16% in Victoria, Queensland, Tasmania and the Australian Capital Territory. For public psychiatric hospitals, the majority of states and territories did not report any Average available beds for same-day patients.

The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same-day admitted patient services and other specialised services.
Table 4.4: Public and private hospital average available beds(a) and number of average available beds per 1,000 population(b), states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average available beds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>19,239</td>
<td>13,218</td>
<td>10,804</td>
<td>5,463</td>
<td>5,045</td>
<td>1,178</td>
<td>696</td>
<td>939</td>
<td>56,582</td>
</tr>
<tr>
<td>Same-day beds/chairs</td>
<td>1,573</td>
<td>2,079</td>
<td>1,771</td>
<td>671</td>
<td>556</td>
<td>187</td>
<td>152</td>
<td>34</td>
<td>7,023</td>
</tr>
<tr>
<td>Overnight beds</td>
<td>17,666</td>
<td>11,138</td>
<td>9,033</td>
<td>4,793</td>
<td>4,489</td>
<td>991</td>
<td>787</td>
<td>662</td>
<td>49,559</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>834</td>
<td>152</td>
<td>441</td>
<td>214</td>
<td>187</td>
<td>10</td>
<td></td>
<td></td>
<td>1,838</td>
</tr>
<tr>
<td>Private hospitals (2010–11)(c)</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>28,351</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>2,957</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>6,704</td>
<td>6,629</td>
<td>6,000</td>
<td>n.a.</td>
<td>1,911</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>25,394</td>
</tr>
<tr>
<td><strong>Total beds</strong></td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>86,771</td>
</tr>
<tr>
<td><strong>Available or licensed beds per 1,000 population</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Public hospitals</td>
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<td>2.5</td>
<td>2.4</td>
<td>3.2</td>
<td>2.3</td>
<td>2.6</td>
<td>3.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>2.7</td>
<td>2.4</td>
<td>2.4</td>
<td>2.3</td>
<td>3.1</td>
<td>2.3</td>
<td>2.6</td>
<td>3.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>0.1</td>
<td>&lt;0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>&lt;0.1</td>
<td>. .</td>
<td>. .</td>
<td></td>
<td>0.1</td>
</tr>
<tr>
<td>Private hospitals (c)</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>1.3</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>0.1</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>0.9</td>
<td>1.2</td>
<td>1.3</td>
<td>. .</td>
<td>1.2</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total beds per 1,000 population</strong></td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>3.9</td>
</tr>
</tbody>
</table>

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period.
(b) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2011.
(c) Source: Australian Bureau of Statistics’ Private hospitals Australia 2010–11 (ABS 2012).

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Public hospitals

How diverse are public hospitals?

The diversity of public hospitals is presented in Table 4.5 by public hospital peer groups. Public hospital peer groups were designed to explain variability in hospital costs by grouping hospitals according to the type and volume of their admitted patient activity and their geographical location. A range of other statistics are presented about public hospital peer groups in chapters 3, 5, 6 and 10. Detailed information on the public hospital peer group classification is in Appendix B.

The 753 public hospitals are very diverse in size and type of services they provide for admitted and non-admitted patients (Table 4.5). The diversity of admitted patient services provided by each type can be gauged by the average number of AR-DRGs reported.
In 2011–12, there were:

- **80 Principal referral** hospitals—mainly in major cities, with at least one in each state and territory. They provided a wide range of services, including emergency department, outpatient and admitted patient services (including 5 or more separations for 436 AR-DRGs on average). These hospitals accounted for a total of 3.8 million separations, or 70% of the total for public hospitals (Figure 4.1), and for 12.7 million days, or 67% of the total for public hospitals (Figure 4.2).

- **11 Specialist women’s and children’s** hospitals—in Sydney, Melbourne, Brisbane, Perth and Adelaide. They delivered an average of 21,956 separations per hospital, specialising in maternity and other specialist services for women, and/or specialist paediatric services.

- **40 Large** hospitals—in major cities and 17 in regional and remote areas. They provided emergency department, outpatient and admitted patient services, generally with a range of activities less than for the Principal referral hospitals (5 or more separations for 252 AR-DRGs), with an average of 16,871 separations per hospital.

- **83 Medium** hospitals—20 in major cities and 63 in regional areas. They delivered an average of 6,534 separations per hospital (with a narrower range of services than the Large hospitals). Most provided emergency services (rather than formal emergency departments) and some had outpatient clinics.

- **155 Small acute** hospitals—in regional areas and 41 in remote areas. They delivered mainly acute care for admitted patients, with an average of 1,307 separations per hospital in the year, with a relatively narrow range of services (5 or more separations for an average of 50 AR-DRGs). They generally did not have emergency departments although most provided emergency services.

- **17 Psychiatric** hospitals—specialising in the treatment and care of people with mental health problems. They were located in Sydney, Melbourne, Brisbane, Perth, Adelaide and Hobart, with 3 in regional Queensland centres.

- **8 specialist Rehabilitation** hospitals—in Sydney, Perth, Adelaide, Wollongong and 2 in regional areas.

- **8 specialist Mothercraft** hospitals—in Sydney, Melbourne, Brisbane and Canberra.

- **75 Small non-acute** hospitals—mainly in regional and remote areas. The services they provided were mainly non-acute, so the average length of stay was longer than in the hospitals that provided mainly acute care.

- **78 Multi-purpose services**—in regional and remote areas. These hospitals were generally combined with services for residential aged care and mainly provide sub and non-acute admitted patient care.

- **198 other hospitals**, mainly small or specialist hospitals.

More information on hospital peer groups by state and territory is in Table 4.15 at the end of this chapter, in Chapter 3 and in the tables that accompany this report online at <www.aihw.gov.au/hospitals/>.
Table 4.5: The diversity of public hospitals, 2011–12

<table>
<thead>
<tr>
<th>Hospital type</th>
<th>Location</th>
<th>Number of hospitals</th>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Major cities</td>
<td>Regional</td>
<td>Remote</td>
</tr>
<tr>
<td>Principal referral</td>
<td>53</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>Specialist women’s and children’s</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Large</td>
<td>23</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Medium</td>
<td>20</td>
<td>63</td>
<td>0</td>
</tr>
<tr>
<td>Small acute</td>
<td>0</td>
<td>114</td>
<td>41</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>11</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Mothercraft</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Small non-acute</td>
<td>14</td>
<td>50</td>
<td>11</td>
</tr>
<tr>
<td>Multi-purpose services</td>
<td>0</td>
<td>45</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>95</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>417</td>
<td>156</td>
</tr>
</tbody>
</table>

(a) This is the number of hospitals reporting episode-level emergency department presentations data to the National Non-admitted Patient Emergency Department Care Database.
(b) This is the number of hospitals reporting establishment-level emergency occasions of service data to the National Public Hospital Establishments Database.
(c) This is the number of hospitals reporting outpatient clinic-level non-admitted patient data to the National Outpatient Care Database.
(d) This is the number of hospitals reporting data to the National Elective Surgery Waiting Times Data Collection.
(e) This is the average number of AR-DRGs for which there were at least five separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.15 at the end of this chapter.

How many public hospital beds?

Grouping hospitals by number of available beds showed that the majority of hospitals were very small (Table 4.6). This was particularly the case in jurisdictions that covered large geographical areas. The majority of beds were in larger hospitals and in more densely populated areas. The largest hospital had an average of 1,023 available beds and was located in Brisbane. More than 70% of hospitals had 50 or fewer beds.

The proportion of hospital beds in different size hospitals varied by jurisdiction. The Northern Territory did not have any public hospitals with either more than 500 beds or 10 beds or fewer. For Victoria, a higher proportion of hospital beds were in hospitals with more than 200 to 500 beds (38%) than in hospitals with more than 500 beds (19%) (see Table 4.16).
Figure 4.1: Separations—per cent by public hospital peer group (%), public hospitals, 2011–12

Figure 4.2: Patient days—per cent by public hospital peer group (%), public hospitals, 2011–12
### Table 4.6: Number of public acute and psychiatric hospitals and average available beds, by hospital size, 2011–12

<table>
<thead>
<tr>
<th>Hospital size</th>
<th>Hospitals</th>
<th>Proportion of total public hospitals (%)</th>
<th>Total average available beds</th>
<th>Proportion of total public hospital beds (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or fewer beds</td>
<td>217</td>
<td>28.8</td>
<td>958</td>
<td>1.6</td>
</tr>
<tr>
<td>More than 10 to 50 beds</td>
<td>318</td>
<td>42.2</td>
<td>7,776</td>
<td>13.3</td>
</tr>
<tr>
<td>More than 50 to 100 beds</td>
<td>71</td>
<td>9.4</td>
<td>5,130</td>
<td>8.8</td>
</tr>
<tr>
<td>More than 100 to 200 beds</td>
<td>65</td>
<td>8.6</td>
<td>9,709</td>
<td>16.6</td>
</tr>
<tr>
<td>More than 200 to 500 beds</td>
<td>57</td>
<td>7.6</td>
<td>17,584</td>
<td>30.1</td>
</tr>
<tr>
<td>More than 500 beds</td>
<td>25</td>
<td>3.3</td>
<td>17,261</td>
<td>29.5</td>
</tr>
<tr>
<td>Total</td>
<td>753</td>
<td>100.0</td>
<td>58,420</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.16 at the end of this chapter.

### Where are public hospitals located?

The remoteness area classification is used in Table 4.7 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. The highest number of hospitals was reported for Outer regional areas (225) and two-thirds of beds were reported for Major cities (38,496 beds).

In 2011–12, there were 2.6 public hospital beds per 1,000 population (see also Table 4.17). The number of public hospital beds per 1,000 population varied across remoteness areas. The ratio of available beds to the population does not necessarily indicate the accessibility of hospital services.

A hospital can provide services for patients who usually live in other areas of the state or territory, or in other jurisdictions. The patterns of bed availability across regions may also reflect a number of factors including the availability of other health-care services and patterns of disease and injury.

### Table 4.7: Number of hospitals, average available beds and number of average available beds per 1,000 population(a), by remoteness area, public acute and psychiatric hospitals, 2011–12

<table>
<thead>
<tr>
<th>Remoteness area</th>
<th>Hospitals</th>
<th>Average available beds</th>
<th>Available beds per 1,000 population resident in area(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>180</td>
<td>38,496</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total regional</strong></td>
<td><strong>417</strong></td>
<td><strong>17,988</strong></td>
<td><strong>2.8</strong></td>
</tr>
<tr>
<td>Inner regional</td>
<td>192</td>
<td>11,521</td>
<td>2.7</td>
</tr>
<tr>
<td>Outer regional</td>
<td>225</td>
<td>6,467</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Total remote</strong></td>
<td><strong>156</strong></td>
<td><strong>1,933</strong></td>
<td><strong>3.7</strong></td>
</tr>
<tr>
<td>Remote</td>
<td>80</td>
<td>1,395</td>
<td>4.3</td>
</tr>
<tr>
<td>Very Remote</td>
<td>76</td>
<td>539</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>753</strong></td>
<td><strong>58,420</strong></td>
<td><strong>2.6</strong></td>
</tr>
</tbody>
</table>

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2011.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.17 at the end of this chapter.
How much expenditure and revenue?

Public hospital recurrent expenditure

Table 4.8 presents information on Total recurrent expenditure and Total revenue.

Public hospital recurrent expenditure can be categorised into salary and non-salary expenditure:

- **Salary expenditure** includes salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data were available.

- **Non-salary expenditure** includes items such as payments to visiting medical officers, superannuation payments, drug supplies, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

Between 2007–08 and 2011–12, public hospital recurrent expenditure increased by an average of 5.9% per year in constant price terms (adjusted for inflation). The average annual increase in public hospital recurrent expenditure was highest for the Australian Capital Territory (12.6%).

Over the same period, public hospital revenue increased by an average of 11.4% per year (adjusted for inflation), ranging from an average decrease of 5.4% per year for Tasmania to an average increase of 14.7% per year for Queensland (Table 4.8).

Nationally, total recurrent expenditure by public hospitals, excluding depreciation, was over $40 billion in 2011–12 (Table 4.9). Excluding payments to Visiting medical officers and payments for outsourced services, salary payments accounted for 62% of the $40 billion spent within the public hospital system.

Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions. In 2011–12, depreciation ranged from 1% of total expenditure in the Northern Territory to more than 6% in Victoria (see also Table 4.18).
Table 4.8: Recurrent expenditure(a) and revenue ($ million, constant prices(b)), public hospitals, states and territories, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total recurrent expenditure, constant prices ($ million)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales(d)</td>
<td>10,762</td>
<td>10,992</td>
<td>11,043</td>
<td>11,832</td>
<td>12,906</td>
<td>4.6</td>
<td>9.1</td>
<td>3.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Victoria</td>
<td>8,138</td>
<td>8,520</td>
<td>8,840</td>
<td>9,446</td>
<td>9,746</td>
<td>4.6</td>
<td>3.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queensland(d)</td>
<td>5,720</td>
<td>6,196</td>
<td>6,700</td>
<td>7,436</td>
<td>7,706</td>
<td>7.7</td>
<td>3.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Australia</td>
<td>3,228</td>
<td>3,508</td>
<td>3,655</td>
<td>4,012</td>
<td>4,381</td>
<td>7.9</td>
<td>9.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Australia</td>
<td>2,587</td>
<td>2,656</td>
<td>2,737</td>
<td>3,005</td>
<td>3,230</td>
<td>5.7</td>
<td>7.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tasmania</td>
<td>697</td>
<td>746</td>
<td>853</td>
<td>901</td>
<td>916</td>
<td>7.1</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>580</td>
<td>631</td>
<td>655</td>
<td>713</td>
<td>933</td>
<td>12.6</td>
<td>30.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Territory</td>
<td>430</td>
<td>476</td>
<td>489</td>
<td>527</td>
<td>568</td>
<td>7.2</td>
<td>7.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>32,141</td>
<td>33,727</td>
<td>34,970</td>
<td>37,872</td>
<td>40,384</td>
<td>5.9</td>
<td>6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue, constant prices ($ million)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>1,210</td>
<td>1,193</td>
<td>1,384</td>
<td>1,750</td>
<td>1,931</td>
<td>12.4</td>
<td>10.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victoria</td>
<td>860</td>
<td>951</td>
<td>1,021</td>
<td>1,118</td>
<td>1,297</td>
<td>10.8</td>
<td>16.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queensland(d)</td>
<td>408</td>
<td>534</td>
<td>613</td>
<td>550</td>
<td>706</td>
<td>14.7</td>
<td>28.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Australia</td>
<td>192</td>
<td>210</td>
<td>212</td>
<td>244</td>
<td>298</td>
<td>11.6</td>
<td>22.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Australia</td>
<td>171</td>
<td>159</td>
<td>180</td>
<td>218</td>
<td>231</td>
<td>7.7</td>
<td>5.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tasmania</td>
<td>83</td>
<td>77</td>
<td>60</td>
<td>59</td>
<td>66</td>
<td>–5.4</td>
<td>13.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>49</td>
<td>58</td>
<td>55</td>
<td>55</td>
<td>60</td>
<td>5</td>
<td>8.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Territory</td>
<td>18</td>
<td>20</td>
<td>23</td>
<td>26</td>
<td>28</td>
<td>12</td>
<td>8.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>2,992</td>
<td>3,204</td>
<td>3,548</td>
<td>4,020</td>
<td>4,617</td>
<td>11.4</td>
<td>14.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.
(b) Expressed in terms of prices in the reference year 2011–12. The ABS Government Final Consumption Expenditure, State and Local -- Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.
(c) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.
(d) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.18 at the end of this chapter.
Table 4.9: Recurrent expenditure(a) ($ million), public acute and psychiatric hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW(b)</th>
<th>Vic</th>
<th>Qld(c)</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary expenditure</td>
<td>7,532</td>
<td>6,256</td>
<td>5,128</td>
<td>2,775</td>
<td>1,923</td>
<td>569</td>
<td>572</td>
<td>392</td>
<td>25,146</td>
</tr>
<tr>
<td>Non-salary expenditure</td>
<td>5,827</td>
<td>4,125</td>
<td>2,859</td>
<td>1,730</td>
<td>1,412</td>
<td>370</td>
<td>390</td>
<td>180</td>
<td>16,894</td>
</tr>
<tr>
<td><strong>Total recurrent expenditure including depreciation</strong></td>
<td><strong>13,358</strong></td>
<td><strong>10,381</strong></td>
<td><strong>7,987</strong></td>
<td><strong>4,505</strong></td>
<td><strong>3,335</strong></td>
<td><strong>939</strong></td>
<td><strong>962</strong></td>
<td><strong>572</strong></td>
<td><strong>42,040</strong></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>13,105</td>
<td>10,329</td>
<td>7,843</td>
<td>4,414</td>
<td>3,254</td>
<td>921</td>
<td>962</td>
<td>572</td>
<td>41,402</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>253</td>
<td>51</td>
<td>144</td>
<td>90</td>
<td>81</td>
<td>18</td>
<td>.</td>
<td>.</td>
<td>638</td>
</tr>
<tr>
<td><strong>Total recurrent expenditure excluding depreciation</strong></td>
<td><strong>12,906</strong></td>
<td><strong>9,746</strong></td>
<td><strong>7,706</strong></td>
<td><strong>4,381</strong></td>
<td><strong>3,230</strong></td>
<td><strong>916</strong></td>
<td><strong>933</strong></td>
<td><strong>568</strong></td>
<td><strong>40,384</strong></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>12,661</td>
<td>9,697</td>
<td>7,568</td>
<td>4,293</td>
<td>3,151</td>
<td>897</td>
<td>933</td>
<td>568</td>
<td>39,767</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>245</td>
<td>49</td>
<td>138</td>
<td>88</td>
<td>79</td>
<td>18</td>
<td>.</td>
<td>.</td>
<td>617</td>
</tr>
</tbody>
</table>

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.
(b) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.
(c) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.18 at the end of this chapter.

Public hospital revenue

Revenue is reported against three categories: Patient revenue, Recoveries, and Other revenue. Recoveries are income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries. Other revenue includes investment income, income from charities, bequests and accommodation provided to visitors.

Australian public hospitals received $4.6 billion in revenue in 2011–12 (Table 4.10). This was equivalent to 11.4% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories, ranging from 4.9% in the Northern Territory to 15.0% in New South Wales.

Table 4.10: Revenue ($ million), public acute and psychiatric hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld(b)</th>
<th>WA</th>
<th>SA(b)</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient revenue</td>
<td>1,006</td>
<td>384</td>
<td>509</td>
<td>171</td>
<td>191</td>
<td>49</td>
<td>38</td>
<td>13</td>
<td>2,361</td>
</tr>
<tr>
<td>Recoveries</td>
<td>561</td>
<td>148</td>
<td>89</td>
<td>91</td>
<td>0</td>
<td>10</td>
<td>13</td>
<td>15</td>
<td>926</td>
</tr>
<tr>
<td>Other revenue</td>
<td>365</td>
<td>765</td>
<td>108</td>
<td>36</td>
<td>40</td>
<td>7</td>
<td>9</td>
<td>&lt;1</td>
<td>1,330</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>1,931</strong></td>
<td><strong>1,297</strong></td>
<td><strong>706</strong></td>
<td><strong>298</strong></td>
<td><strong>231</strong></td>
<td><strong>66</strong></td>
<td><strong>60</strong></td>
<td><strong>28</strong></td>
<td><strong>4,617</strong></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>1,924</td>
<td>1,296</td>
<td>699</td>
<td>297</td>
<td>230</td>
<td>66</td>
<td>60</td>
<td>28</td>
<td>4,599</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>8</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>&lt;1</td>
<td>.</td>
<td>.</td>
<td>18</td>
</tr>
</tbody>
</table>

(a) Patient revenue in Queensland includes revenue for items such as pharmacy and ambulance, which may be considered to be Recoveries.
(b) South Australia did not identify any Recoveries due to a change in data recording practices.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
How are hospitals funded?

Public and private hospitals are funded from a range of different sources, reflecting the types of patients they treat and the services they provide. Emergency department and outpatient services are mainly funded by governments, whereas admitted patient services are commonly funded by both private (non-government) and government sources.

The original sources of funds are reported here rather than immediate sources. Hence, the Australian Government is regarded as the source of funds for the contributions that it made for public hospitals via intergovernmental agreements and for the contributions it made to private hospitals via the private health insurance premium rebates.

In 2010–11, the state and territory governments and the Australian Government provided most of the funds for public hospitals. Private hospitals were mainly funded by private health insurance and out-of-pocket payments by patients (AIHW 2012e; Table 4.11). Between 2008–09 and 2010–11, after adjusting for inflation, public hospital funding from the Australian Government increased by 2.1% on average each year (Chapter 2, Table 2.3).

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ million</td>
<td>Per cent of total (%)</td>
</tr>
<tr>
<td>Australian Government</td>
<td>14,359</td>
<td>36.9</td>
</tr>
<tr>
<td>State/territory government</td>
<td>20,221</td>
<td>51.9</td>
</tr>
<tr>
<td>Rebates of health insurance premiums</td>
<td>316</td>
<td>0.8</td>
</tr>
<tr>
<td>Health insurance funds</td>
<td>671</td>
<td>1.7</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>765</td>
<td>2.0</td>
</tr>
<tr>
<td>Individuals</td>
<td>1,159</td>
<td>3.0</td>
</tr>
<tr>
<td>Other</td>
<td>1,446</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>38,937</td>
<td>100.0</td>
</tr>
</tbody>
</table>


How many staff in public hospitals?

Nationally, almost 271,000 full-time equivalent staff were employed in the public hospital sector in 2011–12. Nurses accounted for 46% (123,000) of public hospital staff and there were more than 34,000 Salaried medical officers, representing about 13% of the public hospital labour force (Table 4.12).

The average salary for full-time equivalent Nurses in 2011–12 was about $89,200 nationally (Table 4.12), which was an increase of 6.6% compared with the average salary of $83,700 in 2010–11 (AIHW 2012a). In 2011–12, the average salary for full-time equivalent Salaried medical officers was about $182,000 which was a 7.0% increase over the previous year. Similar information for states and territories is in Table 4.19.

The collection of data by staffing category was not consistent among states and territories and may explain some of the variation in average salaries reported.

Different reporting practices and use of outsourcing services with a large labour-related component (such as food services, domestic services and information technology) can have a substantial impact on staffing figures and may also explain some of the variation in average salaries reported between jurisdictions. The degree of outsourcing of higher paid versus lower paid staffing functions affects the comparison of averages. For example, outsourcing
the provision of domestic services but retaining domestic service managers to oversee the
activities of the contractors tends to result in higher average salaries for the domestic service
staff.

For medical officers, for example, this may be reflected in the variation in the proportion of
total expenditure that was reported as being for visiting medical officers who were
contracted by hospitals to provide services to public patients and paid on a sessional or
fee-for-service basis (Table 4.19). Variations in the outsourcing arrangements may also be
reflected in variations in other recurrent expenditure categories reported in tables 4.10
and 4.18.

Table 4.12: Average full-time equivalent staff(a) and average salaries, public acute and psychiatric
hospitals, 2011–12

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Full-time equivalent staff numbers</th>
<th>Average salaries ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaried medical officers</td>
<td>34,293</td>
<td>181,950</td>
</tr>
<tr>
<td>Total nurses(b)</td>
<td>123,368</td>
<td>89,235</td>
</tr>
<tr>
<td>Other personal care staff</td>
<td>2,223</td>
<td>56,919</td>
</tr>
<tr>
<td>Diagnostic and allied health professionals</td>
<td>37,175</td>
<td>80,094</td>
</tr>
<tr>
<td>Administrative and clerical staff(c)</td>
<td>42,339</td>
<td>66,205</td>
</tr>
<tr>
<td>Domestic and other staff</td>
<td>31,452</td>
<td>63,289</td>
</tr>
<tr>
<td>Total staff</td>
<td>270,850</td>
<td>92,841</td>
</tr>
</tbody>
</table>

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2012 were used. Staff contracted to provide
products (rather than labour) are not included.

(b) Total nurses comprises registered nurses, enrolled nurses, student nurses and trainee nurses.

(c) Administrative and clerical staff may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.19 at the end
of this chapter.

What specialised services were provided?

Specialised service units

In 2011–12, the most common specialised services offered by hospitals were Domiciliary care service, services provided by Nursing home care units and Obstetric/maternity service (Table 4.13).

The existence of a specialised unit does not necessarily imply the delivery of large numbers
of services in that unit. For example, there were some smaller hospitals with an Obstetric/maternity service unit that had less than one delivery a week on average. There were
also a few hospitals that did not report having an obstetric unit but reported one or more deliveries a day.

Data on specialised services were not available for a few hospitals so the services may be
undercounted.
Table 4.13: Number of public acute hospitals with selected specialised services by remoteness area of hospital, 2011–12

<table>
<thead>
<tr>
<th>Specialised service unit</th>
<th>Major cities</th>
<th>Regional</th>
<th>Remote</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domiciliary care service</td>
<td>83</td>
<td>239</td>
<td>67</td>
<td>403</td>
</tr>
<tr>
<td>Nursing home care unit</td>
<td>13</td>
<td>185</td>
<td>52</td>
<td>265</td>
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<tr>
<td>Obstetric/maternity service</td>
<td>64</td>
<td>137</td>
<td>19</td>
<td>231</td>
</tr>
<tr>
<td>Maintenance renal dialysis centre</td>
<td>71</td>
<td>78</td>
<td>16</td>
<td>178</td>
</tr>
<tr>
<td>Rehabilitation unit</td>
<td>0</td>
<td>62</td>
<td>2</td>
<td>154</td>
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<tr>
<td>Oncology unit</td>
<td>67</td>
<td>56</td>
<td>2</td>
<td>130</td>
</tr>
<tr>
<td>Intensive care unit (level III)</td>
<td>53</td>
<td>24</td>
<td>1</td>
<td>78</td>
</tr>
<tr>
<td>Major plastic/reconstructive surgery</td>
<td>42</td>
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<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Neonatal intensive care unit (level III)</td>
<td>22</td>
<td>7</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>In-vitro fertilisation unit</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

(a) Total includes specialised services reported by health service networks, for which the remoteness was not specified.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.20.

Service Related Groups

The Service Related Group (SRG) classification is based on aggregations of AR-DRGs, and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. The method to assign records to SRGs largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations may also be assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the NPHED. For more information on the method used to allocate admitted patient records to SRGs, see Appendix D.

Table 4.14 presents the number of public hospitals reporting more than 360 patient days for selected SRGs by remoteness area of the hospital. This has been included as an indicative measure of the number of specialty units.
Table 4.14: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups, by remoteness area of hospital, 2011–12

<table>
<thead>
<tr>
<th>Service Related Group</th>
<th>Major cities</th>
<th>Regional</th>
<th>Remote</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non subspecialty—medicine</td>
<td>111</td>
<td>222</td>
<td>25</td>
<td>359</td>
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<tr>
<td>Respiratory medicine</td>
<td>95</td>
<td>196</td>
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<td>Cardiology</td>
<td>92</td>
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<td>249</td>
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<tr>
<td>Maintenance</td>
<td>63</td>
<td>146</td>
<td>34</td>
<td>244</td>
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<tr>
<td>Rehabilitation</td>
<td>107</td>
<td>124</td>
<td>1</td>
<td>232</td>
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<tr>
<td>Gastroenterology</td>
<td>96</td>
<td>116</td>
<td>9</td>
<td>221</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>102</td>
<td>107</td>
<td>11</td>
<td>221</td>
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<tr>
<td>Non subspecialty—surgery</td>
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<td>96</td>
<td>8</td>
<td>207</td>
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<tr>
<td>Obstetrics</td>
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<td>109</td>
<td>13</td>
<td>185</td>
</tr>
<tr>
<td>Neurology</td>
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<td>87</td>
<td>4</td>
<td>185</td>
</tr>
<tr>
<td>Psychiatry—acute</td>
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<td>4</td>
<td>164</td>
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<tr>
<td>Diagnostic gastrointestinal endoscopy</td>
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<td>71</td>
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<td>158</td>
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<tr>
<td>Renal dialysis</td>
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<td>83</td>
<td>7</td>
<td>157</td>
</tr>
<tr>
<td>Upper gastrointestinal surgery</td>
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<td>138</td>
</tr>
<tr>
<td>Urology</td>
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<td>47</td>
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<td>135</td>
</tr>
<tr>
<td>Gynaecology</td>
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<td>54</td>
<td>4</td>
<td>135</td>
</tr>
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<td>Neurosurgery</td>
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<td>Oncology</td>
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<td>125</td>
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<td>Colorectal surgery</td>
<td>80</td>
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<td>0</td>
<td>124</td>
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<tr>
<td>Ear, nose and throat; head and neck</td>
<td>78</td>
<td>44</td>
<td>2</td>
<td>124</td>
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</tbody>
</table>

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Additional information

More information on service related groups is in Appendix D and by state and territory for both public and private hospitals in Tables D1 to D5 accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table 4.15: The diversity of public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Hospital type</th>
<th>Major cities</th>
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<th>Remote</th>
<th>Total</th>
<th>Emergency departments</th>
<th>Emergency services</th>
<th>Outpatient clinics</th>
<th>Elective surgery</th>
<th>Average available beds</th>
<th>Separations (average)</th>
<th>Average length of stay (days)</th>
<th>Non-acute care (patient days (%))</th>
<th>AR-DRGs (FV)</th>
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(continued)
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<th>Number of hospitals</th>
<th>Location</th>
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(continued)
### Table 4.15 (continued): The diversity of public hospitals, states and territories, 2011–12

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<th>Separations (average)</th>
<th>Average length of stay (days)</th>
<th>Non-acute care (patient days (%))</th>
<th>AR-DRGs (5+) (e)</th>
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<td>Emergency services (b)</td>
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(a) This is the number of hospitals reporting episode-level non-admitted patient emergency department care data to the National Non-admitted Patient Emergency Department Care Database.

(b) This is the number of hospitals reporting establishment-level accident and emergency occasions of service data to the National Public Hospital Establishments Database.

(c) This is the number of hospitals reporting outpatient clinic-level non-admitted patient data to the National Outpatient Care Database.

(d) This is the number of hospitals reporting episode-level data to the National Elective Surgery Waiting Times Data Collection.

(e) This is the average number of AR-DRGs for which there were at least five separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
Table 4.16: Number of public acute and psychiatric hospitals and average available beds, by hospital size, states and territories, 2011–12

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<th>Hospital size(^{(c)})</th>
<th>NSW</th>
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<th>Qld(^{(b)})</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>10 or fewer beds</td>
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<td>62</td>
<td>32</td>
<td>51</td>
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<td>10</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>71</td>
</tr>
<tr>
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<td>20</td>
<td>8</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>65</td>
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<td>243</td>
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</table>

\(^{(a)}\) The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.

\(^{(b)}\) The count of beds in Queensland was based on data as at 30 June 2012.

\(^{(c)}\) Size is based on the average number of available beds.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
Table 4.17: Number of hospitals, average available beds and number of available beds per 1,000 population resident in area\(^{(a)}\), by remoteness area, public acute and psychiatric hospitals, states and territories, 2011–12

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<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
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<th>Total</th>
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<td>80</td>
</tr>
<tr>
<td>Very remote</td>
<td>5</td>
<td>.</td>
<td>44</td>
<td>14</td>
<td>9</td>
<td>2</td>
<td>.</td>
<td>2</td>
<td>76</td>
</tr>
<tr>
<td><strong>Total all remoteness areas</strong></td>
<td>225</td>
<td>151</td>
<td>170</td>
<td>96</td>
<td>80</td>
<td>23</td>
<td>3</td>
<td>5</td>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Major cities</td>
<td>14,039</td>
<td>9,709</td>
<td>6,205</td>
<td>4,141</td>
<td>3,464</td>
<td>.</td>
<td>939</td>
<td>.</td>
<td>38,496</td>
</tr>
<tr>
<td>Total regional</td>
<td>5,840</td>
<td>3,650</td>
<td>4,467</td>
<td>1,110</td>
<td>1,368</td>
<td>1,166</td>
<td>0</td>
<td>387</td>
<td>17,988</td>
</tr>
<tr>
<td>Inner regional</td>
<td>4,295</td>
<td>2,915</td>
<td>2,397</td>
<td>504</td>
<td>468</td>
<td>942</td>
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<td>.</td>
<td>11,521</td>
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<tr>
<td>Outer regional</td>
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<td>735</td>
<td>2,070</td>
<td>606</td>
<td>900</td>
<td>224</td>
<td>.</td>
<td>387</td>
<td>6,467</td>
</tr>
<tr>
<td>Total Remote</td>
<td>194</td>
<td>11</td>
<td>573</td>
<td>426</td>
<td>398</td>
<td>22</td>
<td>.</td>
<td>309</td>
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<tr>
<td>Remote</td>
<td>185</td>
<td>11</td>
<td>323</td>
<td>303</td>
<td>306</td>
<td>12</td>
<td>.</td>
<td>255</td>
<td>1,395</td>
</tr>
<tr>
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<td>10</td>
<td>.</td>
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<td>123</td>
<td>92</td>
<td>10</td>
<td>.</td>
<td>54</td>
<td>539</td>
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<tr>
<td><strong>Total all remoteness areas</strong></td>
<td>20,073</td>
<td>13,370</td>
<td>11,245</td>
<td>5,677</td>
<td>5,232</td>
<td>1,188</td>
<td>939</td>
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<td>58,420</td>
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<td><strong>Number of available beds per 1,000 population resident in area(^{(a)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major cities</td>
<td>2.7</td>
<td>2.3</td>
<td>2.3</td>
<td>2.5</td>
<td>2.9</td>
<td>.</td>
<td>2.6</td>
<td>.</td>
<td>2.5</td>
</tr>
<tr>
<td>Total regional</td>
<td>3.1</td>
<td>2.7</td>
<td>2.8</td>
<td>2.2</td>
<td>3.6</td>
<td>2.3</td>
<td>0.0</td>
<td>3.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Inner regional</td>
<td>3.0</td>
<td>2.7</td>
<td>2.5</td>
<td>1.6</td>
<td>2.3</td>
<td>2.8</td>
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<td>2.7</td>
</tr>
<tr>
<td>Outer regional</td>
<td>3.5</td>
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<td>3.1</td>
<td>3.0</td>
<td>5.1</td>
<td>1.3</td>
<td>.</td>
<td>3.0</td>
<td>3.2</td>
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<tr>
<td>Total Remote</td>
<td>5.3</td>
<td>2.5</td>
<td>4.1</td>
<td>2.6</td>
<td>6.6</td>
<td>2.2</td>
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<td>3.1</td>
<td>3.7</td>
</tr>
<tr>
<td>Remote</td>
<td>5.7</td>
<td>2.5</td>
<td>3.7</td>
<td>3.1</td>
<td>6.7</td>
<td>1.6</td>
<td>.</td>
<td>5.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Very remote</td>
<td>2.2</td>
<td>.</td>
<td>4.8</td>
<td>1.9</td>
<td>6.3</td>
<td>4.1</td>
<td>.</td>
<td>1.1</td>
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<tr>
<td><strong>Total all remoteness areas</strong></td>
<td>2.8</td>
<td>2.4</td>
<td>2.5</td>
<td>2.4</td>
<td>3.2</td>
<td>2.3</td>
<td>2.6</td>
<td>3.0</td>
<td>2.6</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2011. The remoteness area of hospital was based on the ABS 2006 remoteness area classification.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th>Recurrent expenditure category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary and wages expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaried medical officers</td>
<td>1,572,144</td>
<td>1,525,641</td>
<td>1,424,396</td>
<td>798,146</td>
<td>519,210</td>
<td>154,713</td>
<td>135,973</td>
<td>109,409</td>
<td>6,239,631</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>n.a.</td>
<td>2,722,866</td>
<td>1,888,231</td>
<td>1,054,292</td>
<td>780,050</td>
<td>208,961</td>
<td>252,822</td>
<td>160,776</td>
<td>n.a.</td>
</tr>
<tr>
<td>Enrolled nurses</td>
<td>n.a.</td>
<td>n.a.</td>
<td>185,606</td>
<td>31,038</td>
<td>137,714</td>
<td>22,068</td>
<td>28,783</td>
<td>9,320</td>
<td>n.a.</td>
</tr>
<tr>
<td>Student nurses</td>
<td>. ..</td>
<td>. ..</td>
<td>2,600</td>
<td>. ..</td>
<td>4,072</td>
<td>. ..</td>
<td>. ..</td>
<td>. ..</td>
<td>13,623</td>
</tr>
<tr>
<td><strong>Total nurses</strong></td>
<td>3,512,585</td>
<td>2,722,866</td>
<td>2,076,524</td>
<td>1,085,330</td>
<td>921,836</td>
<td>237,979</td>
<td>281,604</td>
<td>170,096</td>
<td>11,008,821</td>
</tr>
<tr>
<td>Other personal care staff</td>
<td>n.a.</td>
<td>n.a.</td>
<td>72,866</td>
<td>n.a.</td>
<td>38,015</td>
<td>n.a.</td>
<td>208,961</td>
<td>601</td>
<td>126,518</td>
</tr>
<tr>
<td>Diagnostic and allied health professionals</td>
<td>936,010</td>
<td>886,443</td>
<td>554,994</td>
<td>273,238</td>
<td>183,571</td>
<td>48,023</td>
<td>59,079</td>
<td>36,146</td>
<td>2,977,504</td>
</tr>
<tr>
<td>Administrative and clerical staff(g)</td>
<td>934,396</td>
<td>624,149</td>
<td>530,425</td>
<td>341,449</td>
<td>188,604</td>
<td>69,660</td>
<td>79,716</td>
<td>34,657</td>
<td>2,803,056</td>
</tr>
<tr>
<td>Domestic and other staff</td>
<td>576,603</td>
<td>496,904</td>
<td>468,816</td>
<td>276,565</td>
<td>72,143</td>
<td>22,068</td>
<td>28,783</td>
<td>9,320</td>
<td>1,990,558</td>
</tr>
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<td><strong>Total salary and wages expenditure</strong></td>
<td>7,531,687</td>
<td>6,256,003</td>
<td>5,128,021</td>
<td>2,774,728</td>
<td>1,923,380</td>
<td>568,811</td>
<td>571,570</td>
<td>391,838</td>
<td>25,146,038</td>
</tr>
<tr>
<td><strong>Non-salary expenditure</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to visiting medical officers</td>
<td>617,279</td>
<td>152,595</td>
<td>94,063</td>
<td>135,949</td>
<td>119,966</td>
<td>254</td>
<td>45,477</td>
<td>9,264</td>
<td>1,174,846</td>
</tr>
<tr>
<td>Superannuation payments</td>
<td>643,606</td>
<td>529,138</td>
<td>449,664</td>
<td>228,668</td>
<td>161,278</td>
<td>70,783</td>
<td>68,405</td>
<td>0</td>
<td>2,151,542</td>
</tr>
<tr>
<td>Drug supplies</td>
<td>575,685</td>
<td>507,153</td>
<td>355,709</td>
<td>217,987</td>
<td>146,795</td>
<td>49,694</td>
<td>23,437</td>
<td>6,752</td>
<td>481,992</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>1,398,173</td>
<td>838,794</td>
<td>833,303</td>
<td>284,471</td>
<td>210,220</td>
<td>113,256</td>
<td>78,082</td>
<td>41,425</td>
<td>3,797,725</td>
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<tr>
<td>Food supplies</td>
<td>254,205</td>
<td>98,916</td>
<td>55,852</td>
<td>30,184</td>
<td>23,190</td>
<td>8,237</td>
<td>6,752</td>
<td>0</td>
<td>481,992</td>
</tr>
<tr>
<td>Domestic services</td>
<td>309,650</td>
<td>213,488</td>
<td>166,165</td>
<td>110,876</td>
<td>61,422</td>
<td>16,460</td>
<td>33,875</td>
<td>14,994</td>
<td>926,930</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>297,042</td>
<td>186,558</td>
<td>147,171</td>
<td>157,509</td>
<td>71,186</td>
<td>10,371</td>
<td>11,350</td>
<td>14,563</td>
<td>895,750</td>
</tr>
<tr>
<td>Patient transport</td>
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<td>58,920</td>
<td>36,327</td>
<td>19,523</td>
<td>6,380</td>
<td>1,919</td>
<td>24,156</td>
<td>308,645</td>
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</tr>
<tr>
<td>Administrative expenses</td>
<td>950,698</td>
<td>604,167</td>
<td>438,774</td>
<td>186,645</td>
<td>97,747</td>
<td>45,715</td>
<td>68,288</td>
<td>18,956</td>
<td>2,410,989</td>
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<tr>
<td>Interest payments</td>
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<td>0</td>
<td>2,772</td>
<td>4,532</td>
<td>0</td>
<td>170</td>
<td>0</td>
<td>49,102</td>
</tr>
<tr>
<td>Depreciation</td>
<td>452,863</td>
<td>634,342</td>
<td>281,400</td>
<td>124,002</td>
<td>105,939</td>
<td>23,543</td>
<td>28,835</td>
<td>4,592</td>
<td>1,655,516</td>
</tr>
<tr>
<td>Other recurrent expenditure</td>
<td>177,872</td>
<td>300,734</td>
<td>889</td>
<td>197,562</td>
<td>390,317</td>
<td>25,619</td>
<td>23,656</td>
<td>24,123</td>
<td>1,140,772</td>
</tr>
<tr>
<td><strong>Total non-salary expenditure excluding depreciation</strong></td>
<td>5,373,919</td>
<td>3,490,463</td>
<td>2,577,918</td>
<td>1,605,946</td>
<td>1,306,176</td>
<td>346,767</td>
<td>361,411</td>
<td>175,683</td>
<td>15,238,283</td>
</tr>
<tr>
<td><strong>Total non-salary expenditure including depreciation</strong></td>
<td>5,826,782</td>
<td>4,124,805</td>
<td>2,859,319</td>
<td>1,729,948</td>
<td>1,412,114</td>
<td>370,310</td>
<td>390,246</td>
<td>180,275</td>
<td>16,893,799</td>
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</tbody>
</table>

(continual)
Table 4.18 (continued): Recurrent expenditure (‘000), public acute and psychiatric hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Recurrent expenditure category</th>
<th>NSW(b)</th>
<th>Vic(c)</th>
<th>Qld(d)</th>
<th>WA</th>
<th>SA(e)</th>
<th>Tas(f)</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure excluding depreciation</td>
<td>12,905,606</td>
<td>9,746,466</td>
<td>7,705,940</td>
<td>4,380,674</td>
<td>3,229,556</td>
<td>915,578</td>
<td>932,981</td>
<td>567,521</td>
<td>40,384,321</td>
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<tr>
<td>Public acute hospitals</td>
<td>12,660,545</td>
<td>9,697,049</td>
<td>7,568,356</td>
<td>4,292,640</td>
<td>3,150,606</td>
<td>897,477</td>
<td>932,981</td>
<td>567,521</td>
<td>39,767,176</td>
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<tr>
<td>Psychiatric hospitals</td>
<td>245,061</td>
<td>49,417</td>
<td>137,584</td>
<td>88,033</td>
<td>78,950</td>
<td>18,101</td>
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<td>.</td>
<td>617,145</td>
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<tr>
<td>Total expenditure including depreciation</td>
<td>13,358,469</td>
<td>10,380,808</td>
<td>7,987,340</td>
<td>4,504,676</td>
<td>3,335,494</td>
<td>939,121</td>
<td>961,816</td>
<td>572,113</td>
<td>42,039,837</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>13,105,460</td>
<td>10,329,476</td>
<td>7,843,427</td>
<td>4,414,357</td>
<td>3,254,395</td>
<td>921,015</td>
<td>961,816</td>
<td>572,113</td>
<td>41,402,059</td>
</tr>
<tr>
<td>Psychiatric hospitals</td>
<td>253,009</td>
<td>51,332</td>
<td>143,913</td>
<td>90,319</td>
<td>81,099</td>
<td>18,107</td>
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<td>637,778</td>
</tr>
</tbody>
</table>

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is not included. Professional Indemnity expense was included for the first time in 2011–12. Other personal care staff are included in Diagnostic and allied health professionals and Domestic and other staff. New South Wales was unable to provide information for each nurse category, although data on Total nurses were provided.

(c) Victorian Other personal care staff are included in Domestic and other staff. Victoria was unable to provide information for each nurse category, although data on Total nurses were provided.

(d) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

(e) South Australian Interest payments are included in Administrative expenses. Termination payments are included in Other recurrent expenditure.

(f) For Tasmania, data for Other personal care staff were not supplied separately and are included in other staffing categories. Data for two small hospitals in Tasmania were not supplied.

(g) Administrative and clerical staff may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
Table 4.19: Average full-time equivalent staff\(^{(a)}\) and average salaries, public acute and psychiatric hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW(^{(b)})</th>
<th>Vic(^{(c)})</th>
<th>Qld(^{(d)})</th>
<th>WA</th>
<th>SA</th>
<th>Tas(^{(e)})</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-time equivalent staff numbers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaried medical officers</td>
<td>9,949</td>
<td>8,551</td>
<td>7,514</td>
<td>3,484</td>
<td>2,805</td>
<td>857</td>
<td>662</td>
<td>471</td>
<td>34,293</td>
</tr>
<tr>
<td>Total nurses</td>
<td>39,300</td>
<td>31,700</td>
<td>23,107</td>
<td>11,800</td>
<td>10,623</td>
<td>2,736</td>
<td>2,495</td>
<td>1,606</td>
<td>123,368</td>
</tr>
<tr>
<td>Other personal care staff</td>
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<td>n.a</td>
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<td>n.a</td>
<td>849</td>
<td>n.a</td>
<td>212</td>
<td>8</td>
<td>2,223</td>
</tr>
<tr>
<td>Diagnostic and allied health professionals</td>
<td>10,457</td>
<td>14,327</td>
<td>5,629</td>
<td>3,067</td>
<td>1,829</td>
<td>554</td>
<td>920</td>
<td>392</td>
<td>37,175</td>
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<tr>
<td>Administrative and clerical staff(^{(f)})</td>
<td>11,727</td>
<td>12,188</td>
<td>7,782</td>
<td>4,869</td>
<td>3,221</td>
<td>1,110</td>
<td>954</td>
<td>488</td>
<td>42,339</td>
</tr>
<tr>
<td>Domestic and other staff</td>
<td>8,220</td>
<td>7,227</td>
<td>8,311</td>
<td>4,347</td>
<td>1,601</td>
<td>1,092</td>
<td>4</td>
<td>650</td>
<td>31,452</td>
</tr>
<tr>
<td><strong>Total staff</strong></td>
<td>79,652</td>
<td>73,994</td>
<td>53,496</td>
<td>27,567</td>
<td>20,928</td>
<td>6,350</td>
<td>5,247</td>
<td>3,616</td>
<td>270,850</td>
</tr>
<tr>
<td><strong>Average salaries ($)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaried medical officers</td>
<td>158,016</td>
<td>178,408</td>
<td>189,571</td>
<td>229,063</td>
<td>185,119</td>
<td>180,466</td>
<td>205,525</td>
<td>232,484</td>
<td>181,950</td>
</tr>
<tr>
<td>Total nurses</td>
<td>89,379</td>
<td>85,894</td>
<td>89,866</td>
<td>91,979</td>
<td>86,775</td>
<td>86,968</td>
<td>112,849</td>
<td>105,894</td>
<td>89,235</td>
</tr>
<tr>
<td>Other personal care staff</td>
<td>n.a</td>
<td>n.a</td>
<td>63,186</td>
<td>n.a</td>
<td>44,780</td>
<td>n.a</td>
<td>70,814</td>
<td>72,404</td>
<td>56,919</td>
</tr>
<tr>
<td>Diagnostic and allied health professionals</td>
<td>89,512</td>
<td>61,871</td>
<td>98,599</td>
<td>89,096</td>
<td>100,377</td>
<td>86,607</td>
<td>64,224</td>
<td>92,183</td>
<td>80,094</td>
</tr>
<tr>
<td>Administrative and clerical staff(^{(f)})</td>
<td>79,681</td>
<td>51,211</td>
<td>68,159</td>
<td>70,123</td>
<td>58,552</td>
<td>62,744</td>
<td>83,586</td>
<td>70,977</td>
<td>66,205</td>
</tr>
<tr>
<td>Domestic and other staff</td>
<td>70,150</td>
<td>68,752</td>
<td>56,406</td>
<td>63,624</td>
<td>45,066</td>
<td>53,536</td>
<td>40,500</td>
<td>62,948</td>
<td>63,289</td>
</tr>
<tr>
<td><strong>Total staff</strong></td>
<td>94,558</td>
<td>84,547</td>
<td>95,857</td>
<td>100,653</td>
<td>91,906</td>
<td>89,578</td>
<td>108,934</td>
<td>108,368</td>
<td>92,841</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2012 were used. Staff contracted to provide products (rather than labour) are not included.

\(^{(b)}\) In New South Wales, Other personal care staff were included in Diagnostic and allied health professionals, Domestic and other staff and Total nurses.

\(^{(c)}\) For Victoria, Other personal care staff were included in Domestic and other staff.

\(^{(d)}\) Queensland pathology services provided by staff employed by the state pathology service were not reported here.

\(^{(e)}\) For Tasmania, data for Other personal care staff were not supplied separately and are included in other staffing categories. Data for two small hospitals in Tasmania were not supplied.

\(^{(f)}\) Administrative and clerical staff may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th>Specialised services</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute renal dialysis unit</td>
<td>25</td>
<td>13</td>
<td>17</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>69</td>
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<tr>
<td>Acute spinal cord injury unit</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>AIDS unit</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Alcohol and drug unit</td>
<td>81</td>
<td>11</td>
<td>10</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>111</td>
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<tr>
<td>Burns unit (level III)</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Cardiac surgery unit</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Clinical genetics unit</td>
<td>15</td>
<td>10</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>34</td>
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<tr>
<td>Coronary care unit</td>
<td>45</td>
<td>24</td>
<td>19</td>
<td>5</td>
<td>7</td>
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<td>2</td>
<td>107</td>
</tr>
<tr>
<td>Diabetes unit</td>
<td>23</td>
<td>21</td>
<td>13</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>73</td>
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<td>Domiciliary care service</td>
<td>171</td>
<td>93</td>
<td>34</td>
<td>58</td>
<td>46</td>
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<td>Hospice care unit</td>
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<td>12</td>
<td>30</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Infectious diseases unit</td>
<td>13</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>49</td>
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<tr>
<td>Intensive care unit (level III)</td>
<td>38</td>
<td>17</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>78</td>
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<tr>
<td>In-vitro fertilisation unit</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
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<tr>
<td>Maintenance renal dialysis centre</td>
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<td>67</td>
<td>15</td>
<td>12</td>
<td>18</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>178</td>
</tr>
<tr>
<td>Major plastic/reconstructive surgery unit</td>
<td>13</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Neonatal intensive care unit (level III)</td>
<td>14</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
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<td>1</td>
<td>1</td>
<td>29</td>
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<tr>
<td>Neurosurgical unit</td>
<td>13</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<td>35</td>
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<tr>
<td>Nursing home care unit</td>
<td>79</td>
<td>75</td>
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<td>52</td>
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<td>265</td>
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<tr>
<td>Obstetric/maternity service</td>
<td>73</td>
<td>54</td>
<td>37</td>
<td>29</td>
<td>28</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>231</td>
</tr>
<tr>
<td>Oncology unit</td>
<td>44</td>
<td>38</td>
<td>18</td>
<td>15</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>130</td>
</tr>
<tr>
<td>Psychiatric unit/ward</td>
<td>45</td>
<td>33</td>
<td>18</td>
<td>20</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>131</td>
</tr>
<tr>
<td>Refractory epilepsy unit</td>
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<td>5</td>
<td>2</td>
<td>3</td>
<td>3</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Rehabilitation unit</td>
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<td>15</td>
<td>19</td>
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<td>42</td>
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<td>Specialist paediatric service</td>
<td>41</td>
<td>28</td>
<td>20</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>113</td>
</tr>
<tr>
<td>Transplantation unit—bone marrow</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Transplantation unit—heart (including heart/lung)</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Transplantation unit—liver</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Transplantation unit—pancreas</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Transplantation unit—renal</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

(a) Excludes psychiatric hospitals.
(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is slightly undercounted.
(c) Data for Victoria may underestimate the number of specialised services as some small multi-campus rural services were reported at network rather than campus level. Consequently if two campuses within the group had a specialised type of service, they were counted as one.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.
5 Emergency department services

This chapter presents information on emergency department care in Australia’s public hospitals. It is particularly focused on information related to:

- total emergency services activity, including emergency departments and other emergency services
- emergency department waiting times
- the type of care received.

Timely provision of the emergency department care data by state and territory health authorities allowed much of this information to be reported in Australian hospital statistics 2011–12: emergency department care (AIHW 2012c) in September 2012. This report presents selected statistics from the earlier report, as well as additional information not presented in that report because the data were not available at its time of publication.

What data are reported?

Emergency services

The data on emergency occasions of service include both presentations at formal emergency departments (see below) and emergency occasions of service provided through other arrangements, particularly in small and more remote hospitals.

Data on emergency occasions of service were sourced from the NPHED, which has essentially full coverage of public hospitals (see Appendix A). For the purposes of this report, emergency occasions of service refer to those occasions of service reported with a type of non-admitted patient care of Emergency services. There were variations in the type of activity reported for emergency occasions of service. South Australia’s NPHED occasions of service data excluded patients who were dead on arrival (no resuscitation attempted) and patients in country hospitals who did not wait for treatment.

Data on emergency occasions of service reported to the NPHED are in tables 5.1 and 5.3.

Emergency department presentations

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the NMDS for Non-admitted patient emergency department care, as defined in the National health data dictionary, version 16 (AIHW 2012f).

Terms relevant to data for emergency department care are summarised in Box 5.1.

The scope of this NMDS in 2011–12 was non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A (Principal referral and specialist women’s and children’s hospitals) or peer group B (Large hospitals) for Australian hospital statistics 2010–11 (AIHW 2012a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity (see Appendix B).

For 2011–12, all states and territories provided episode-level data to the NNAPEDCD for all public hospitals in peer groups A and B that had emergency departments (all hospitals that
were required to report episode-level data). Data were provided for 89 Principal referral and specialist women’s and children’s hospitals and 37 Large hospitals.

Some states and territories also provided episode-level data for public hospitals that were classified to peer groups other than A or B, and these data have been included in this chapter. Data were additionally provided for:

- 23 Medium hospitals, 20 Small hospitals and 9 Unpeered/Other hospitals in New South Wales
- 6 Medium hospitals in Victoria
- 4 Medium hospitals in Queensland
- 3 Small remote acute hospitals in Western Australia
- 7 Medium hospitals and 1 Small remote acute hospital in South Australia
- 1 Medium hospital in Tasmania
- 3 Small remote acute hospitals in the Northern Territory.

In 2011–12, coverage for the NNAPEDCD (all peer group A and B hospitals) was 100%, and it provided detailed information for 84% of all public hospital emergency occasions of service, an increase from 78% in 2007–08 (Table 5.1). The proportion ranged from 72% for Queensland to 100% for the Australian Capital Territory and the Northern Territory (see Table 5.4 and Table 5.7 at the end of this chapter).

The detailed information presented for the NNAPEDCD data in this chapter should be interpreted with caution as the data may not be representative of emergency department presentations for hospitals that were not required to provide data for non-admitted patient emergency department care.

Data for public hospital emergency departments reporting to the NNAPEDCD are in Figure 5.1, tables 5.1 and 5.2, tables 5.4 to 5.8 and supplementary Table S5.1 (internet only).

Figure 5.1 presents an example of the information available from the NNAPEDCD, for presentations for which patients were assigned a triage category of Non-urgent (triage category 5) at the time of presentation at the emergency department.

In 2011–12:

- more than 640,000 Non-urgent emergency department presentations were reported by 203 hospitals
- about 89% of Non-urgent patients were seen on time (within 120 minutes)
- about 88% of Non-urgent presentations were completed within 4 hours
- the median waiting time for Non-urgent patients was 27 minutes
- of Non-urgent patients, about 5% were subsequently admitted to the same hospital (including admission within the emergency department)
- less than 5% of Non-urgent patients arrived by Ambulance, air ambulance or helicopter rescue service
- between 2007–08 and 2011–12, the number of Non-urgent patients who presented to emergency departments in public hospitals decreased by 3.4%. However, over the same period overall presentations to emergency departments in public hospitals increased by an average of 4.3% per year (Table 5.1)
- more than one-third (36%) of Non-urgent patients were aged between 15 and 34
- less than a quarter (24%) of Non-urgent patients arrived overnight (between 8 pm and 8 am).
For episodes with a type of visit of Emergency presentation.

Does not include records for which age was not reported.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Figure 5.1: Selected statistics for Non-urgent triage category emergency department presentations, 2011–12
Box 5.1: Summary of terms relating to non-admitted patient emergency department care

The **triage category** indicates the urgency of the patient’s need for medical and nursing care. It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question: ‘This patient should wait for medical assessment and treatment no longer than...?’ The National Triage Scale has five categories—as defined in the *National health data dictionary, version 16* (AIHW 2012f)—that incorporate the time by which the patient should receive care:

- **Resuscitation**: immediate (within seconds)
- **Emergency**: within 10 minutes
- **Urgent**: within 30 minutes
- **Semi-urgent**: within 60 minutes
- **Non-urgent**: within 120 minutes.

These categories are equivalent to the Australasian Triage Scale triage categories—Immediately life-threatening, Imminently life-threatening, Potentially life-threatening, Potentially serious and Less urgent (respectively) (ACEM 2000).

The **type of visit** to the emergency department indicates the reason the patient presented to an emergency department.

The **episode end status** indicates the status of the patient at the end of the non-admitted patient emergency department service episode.

**Emergency presentations** include only presentations for which the type of visit was reported as *Emergency presentation*.

---

Box 5.2: What are the limitations of the data?

- The NNAPEDCD provides information about presentations in public hospital emergency departments for hospitals that were mostly classified in peer groups A and B and located within major cities and inner regional areas. Other emergency occasions of service occur in public hospitals that do not have emergency departments, mostly in rural areas. Consequently, data for emergency department presentations may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status and remoteness should also be interpreted with caution.

- Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories. Where possible, these variations have been noted in the text.

- There is possible variation in the recording of the time of ‘commencement of clinical care’ in emergency departments due to delayed implementation of the current definition for some hospitals. As a consequence, this may have affected the calculation of waiting times and the proportion of patients reported as having commenced clinical care within the clinically recommended time.

*(continued)*
Box 5.2 (continued)

- From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales.
- About 48,000 records for which a valid waiting time was not recorded were not used (in either the numerator or denominator) to derive waiting time statistics.

See Appendix A for more information.

How has activity changed over time?

Between 2007–08 and 2011–12 the number of emergency occasions of service reported to the NPHED increased from 7.1 million to 7.8 million, an average annual increase of 2.4%. Over the same period, the number of presentations reported to the NNAPEDCD increased by 4.3% per year, from 5.5 million to 6.5 million.

Between 2007–08 and 2011–12, the proportion of occasions of service for which detailed episode-level data were available increased from 78% to 84% (Table 5.1).

Table 5.1: Emergency department presentations and emergency occasions of service, public hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals reporting emergency occasions of service to NPHED</td>
<td>606</td>
<td>607</td>
<td>609</td>
<td>612</td>
<td>609</td>
<td>0.1</td>
<td>–0.5</td>
</tr>
<tr>
<td>Emergency occasions of service (NPHED)</td>
<td>7,100,618</td>
<td>7,171,667</td>
<td>7,390,459</td>
<td>7,651,233</td>
<td>7,809,335</td>
<td>2.4</td>
<td>2.1</td>
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<tr>
<td>Hospitals reporting to NNAPEDCD</td>
<td>165</td>
<td>184</td>
<td>184</td>
<td>186</td>
<td>203</td>
<td>5.3</td>
<td>9.1</td>
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<td>Presentations (NNAPEDCD)</td>
<td>5,537,196</td>
<td>5,742,139</td>
<td>5,957,961</td>
<td>6,183,288</td>
<td>6,547,342</td>
<td>4.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Estimated proportion (%)(^{(a)})</td>
<td>78</td>
<td>80</td>
<td>81</td>
<td>81</td>
<td>84</td>
<td>1.8</td>
<td>3.7</td>
</tr>
</tbody>
</table>

\(^{(a)}\) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED as a percentage.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods. Additional information for public hospital peer groups is in Table 5.8 at the end of this chapter.

Between 2007–08 and 2011–12, the numbers of presentations to public hospital emergency departments increased for all triage categories except Non-urgent (Table 5.2). Over this period, there was an 8% increase in the number of Emergency patients and a 6% increase in the number of Urgent patients (clinical care is recommended within 10 minutes and 30 minutes of presentation, respectively).

Between 2007–08 and 2011–12, the proportion of Emergency presentations treated within an appropriate time increased from 69% to 72%. Over the same period, the median waiting time decreased from 24 minutes to 21 minutes and the time by which 90% of presentations commenced clinical care decreased from 124 minutes to 108 minutes. The proportion of presentations ending in admission remained relatively stable.
Table 5.2: Emergency presentation(a) waiting time statistics, public hospital emergency departments, 2007–08 to 2011–12

<table>
<thead>
<tr>
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<tr>
<td>Proportion seen on time (%)</td>
<td>69</td>
<td>70</td>
<td>70</td>
<td>70</td>
<td>72</td>
<td>1.0 2.1</td>
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<tr>
<td>Median waiting time to clinical care (minutes)</td>
<td>24</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td>21</td>
<td>–3.3 –8.7</td>
</tr>
<tr>
<td>90th percentile waiting time to clinical care (minutes)</td>
<td>124</td>
<td>119</td>
<td>115</td>
<td>114</td>
<td>108</td>
<td>–3.4 –5.3</td>
</tr>
<tr>
<td>Proportion ending in admission (%)</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>1.8 3.4</td>
</tr>
</tbody>
</table>

Number of emergency presentations by triage category

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<tr>
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</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>38,865</td>
<td>41,238</td>
<td>41,923</td>
<td>42,242</td>
<td>42,432</td>
<td>2.2 0.4</td>
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<tr>
<td>Emergency</td>
<td>468,217</td>
<td>498,932</td>
<td>538,785</td>
<td>579,956</td>
<td>645,689</td>
<td>8.4 11.3</td>
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<td>2,878,297</td>
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</table>

(a) For episodes with a type of visit of Emergency presentation.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods. Additional information for public hospital peer groups is in Table 5.8 at the end of this chapter.

Between 2007–08 and 2011–12, the number of emergency occasions of service reported to NPHED increased by an average of 2.4% per year (Table 5.3). Over that period, Western Australia reported an average annual increase of 5.0%, and an increase of 7.6% between 2010–11 and 2011–12.

Between 2007–08 and 2011–12, the number of emergency department presentations reported to the NAPEDCD increased in all states and territories (Table 5.4). Over this period, Queensland, Western Australia and the Australian Capital Territory all had average annual increases in emergency department presentations that were higher than the national average annual increase of 4.3%.

Between 2010–11 and 2011–12, the number of hospitals reporting emergency department episode-level data increased markedly for New South Wales and South Australia.
Table 5.3: Emergency occasions of service, public hospitals, states and territories, 2007–08 to 2011–12

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<tr>
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<tr>
<td>Occasions of service</td>
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<td>Occasions of service</td>
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<td><strong>Western Australia</strong></td>
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<td>823,402</td>
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<td>Occasions of service</td>
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</tbody>
</table>

(a) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales.

(b) For South Australia, the decrease in emergency occasions of service between 2010–11 and 2011–12 was due to changes in the categorisation of emergency departments services at two hospitals. From 1 July 2011, the units at the two hospitals were no longer categorised as emergency departments.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods. Additional information for public hospital peer groups is in Table 5.7 at the end of this chapter.
Table 5.4: Emergency department presentations, public hospital emergency departments, states and territories, 2007–08 to 2011–12

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<thead>
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<tr>
<td><strong>New South Wales</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td>Estimated proportion&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td><strong>South Australia</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>427,011</td>
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<tr>
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<td><strong>Northern Territory</strong></td>
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<tr>
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<td><strong>Total</strong></td>
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<td>5.9</td>
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<tr>
<td>Estimated proportion&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>80</td>
<td>81</td>
<td>81</td>
<td>84</td>
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</table>

(a) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales.

(b) The number of presentations reported to the NNAPECD divided by the number of emergency occasions of service reported to the NPHED as a percentage.

(c) For South Australia, 7 large country hospitals were first included in the South Australia’s emergency department data collection in 2011–12, while units at two metropolitan hospitals were removed as they no longer functioned as true emergency departments. The net effect was a large increase in presentations between 2010–11 and 2011–12.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.
How much activity was there in 2011–12?

Detailed episode-level information was available for 6.5 million emergency department presentations (about 84% of emergency occasions of service). More than 86% of these presentations were reported by Principal referral and Specialist women’s and children’s hospitals and Large hospitals (Table 5.7).

The information presented below for NNAPEDCD data should be interpreted with caution as the data may not be representative of emergency department presentations for hospitals that were not required to provide data for non-admitted patient emergency department care.

How long did people wait for care?

Emergency department waiting times are regarded as indicators of access to hospitals. Patients who present to the emergency department with a type of visit of Return visit, planned; Pre-arranged admission or Patient in transit do not necessarily undergo the same processes as Emergency presentations, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the proportion of presentations seen on time) are only presented for patients with a type of visit of Emergency presentation.

The proportion of presentations seen on time was determined as the proportion of Emergency presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition. For more detail, see Appendix B.

Emergency department waiting time to commencement of clinical care is the time elapsed for each patient from presentation in the emergency department to commencement of the emergency department non-admitted clinical care.

Table 5.5 presents the proportion of all Emergency presentations reported to the NNAPEDCD that were seen on time, by state and territory and triage category for 2011–12. Some Emergency presentations are excluded from the calculation of the figures provided in this table. For 2011–12, there were almost 328,000 presentations with an episode end status of Did not wait or Dead on arrival that were excluded from this analysis. About 48,000 additional presentations with missing or invalid waiting times were also excluded.

For 2011–12, for all triage categories combined (excluding those whose triage category was Not reported), the overall proportion of Emergency presentations seen on time was 72%. The proportion varied by state and territory, ranging from 54% in the Northern Territory to 76% in New South Wales and South Australia (Table 5.5). The proportion also varied by triage category. About 100% of Resuscitation patients and 80% of Emergency patients were seen on time.

There is possible variation in the recording of the time of ‘commencement of clinical care’ in emergency departments due to delayed implementation for some hospitals of the current definition that includes the commencement of service by ‘other health professionals’, where provided in accordance with established clinical pathways defined by the emergency department. As a consequence, this may have affected the calculation of waiting times and the proportion of patients who commenced clinical care within the clinically recommended time.

For 2010–11 and 2011–12, Western Australian metropolitan hospitals recorded the time of ‘commencement of clinical care’ when care was commenced by a doctor or nurse practitioner
only. For the Northern Territory, hospitals were only able to record the time that care is commenced by a doctor. See Appendix A for more information.

Table 5.5: Proportion (%) of emergency presentations seen on time by triage category, public hospital emergency departments\(^{(a)}\), states and territories, 2011–12

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<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>100</td>
<td>100</td>
<td>99</td>
<td>100</td>
<td>100</td>
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<td>70</td>
<td>64</td>
<td>50</td>
<td>49</td>
<td>66</td>
</tr>
<tr>
<td>Semi-urgent</td>
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\(^{(a)}\) Values are derived from all hospitals that reported to the NNAPEDCD. In addition to providing data to the NNAPEDCD for all hospitals classified to peer group A (Principal referral and specialist women’s and children’s hospitals) and B (Large hospitals), some states and territories provided data to the NNAPEDCD for public hospitals that were classified to other peer groups. Therefore, the proportions of emergency presentations seen on time provided here are not directly comparable to the proportions of emergency presentations seen on time provided in tables 3.10 and 3.11 for hospitals in peer groups A and B only.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Additional information

Further detailed information on non-admitted patient emergency department care by state or territory of hospitalisation and public hospital peer groups, including patient characteristics, and triage categories is available in the tables that accompany this report online at <www.aihw.gov.au/hospitals/>.
Table 5.6: Emergency presentation waiting time\(^{(a)}\) statistics, public hospital emergency departments, states and territories, 2007–08 to 2011–12

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</table>

\(^{(a)}\) Waiting time is the amount of time waited (in minutes) between the time of presentation to the emergency department and the time of commencement of clinical care.

\(^{(b)}\) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales.

**Note:** See boxes 5.1 and 5.2 for notes on data limitations and methods.
Table 5.7: Emergency department presentations, public hospital emergency departments, states and territories, 2011–12

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<tr>
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<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
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<tr>
<td>Hospitals reporting emergency department presentations</td>
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<td>1,008,782</td>
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<td>106,672</td>
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<td>100</td>
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<td><strong>Large hospitals</strong></td>
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<td>100</td>
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<td>80</td>
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</table>

(a) The number of presentations reported to the NNAPECD divided by the number of emergency occasions of service reported to the NPHED as a percentage.

Note: See boxes 5.1, and 5.2 for notes on data limitations and methods.
Table 5.8: Emergency department presentation statistics, by triage category and peer group, public hospital emergency departments, 2007–08 to 2011–12

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<td>18</td>
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(continued)
Table 5.8 (continued): Emergency department statistics, by triage category, public hospital emergency departments, 2007–08 to 2011–12

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<td>Proportion by triage category (%)</td>
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(continued)
Table 5.8 (continued): Emergency department presentation statistics, by triage category, public hospital emergency departments, 2007–08 to 2011–12

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<td>Estimated proportion of emergency occasions of service (%)(^{(a)})</td>
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Proportion by triage category (%)\(^{(b)}\)

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Proportion seen on time (%)\(^{(d)}\)

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<td>87</td>
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<td>Total(^{(e)})</td>
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Median waiting time (minutes)\(^{(f)}\)

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<td>Total(^{(g)})</td>
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90th percentile waiting time (minutes)\(^{(h)}\)

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<td>143</td>
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<td>134</td>
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<td>Total(^{(i)})</td>
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Proportion ending in admission (%)\(^{(j)}\)

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</table>

\(^{(a)}\) The number of presentations reported to the NNAPECD divided by the number of emergency occasions of service reported to the NPHED as a percentage.

\(^{(b)}\) Records for which the type of visit was reported as Emergency presentation.

\(^{(c)}\) Includes records for which the triage category was not reported.

\(^{(d)}\) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

\(^{(e)}\) This proportion is based on presentations for which the episode end status was reported as Admitted to this hospital.

\(^{(f)}\) All hospitals includes hospitals not classified as peer groups A or B.

Note: See boxes 5.1, and 5.2 for notes on data limitations and methods.
6 Outpatient care

This chapter presents information on outpatient services and other non-admitted, non-emergency patient services provided by public hospitals in Australia. Information on non-admitted patient emergency department care provided by Australia’s public hospitals is in Chapter 5 of this report.

What data are reported?

Non-admitted patient occasions of service

The National Public Hospital Establishments Database (NPHED) has almost complete coverage of public hospitals and includes data on non-admitted patient occasions of service for 14 non-admitted patient service types.

Outpatient-related occasions of service sourced from the NPHED are individual and group sessions for Allied health, Dental, Dialysis, Endoscopy and related procedures and Other medical/surgical/obstetric.

In addition, the NPHED also includes a range of non-admitted patient care services that are not in scope for the National Outpatient Care Database (NOCD) (see below). Other non-admitted patient service types reported to the NPHED presented in this chapter are Alcohol and other drugs, Community health services, District nursing, Mental health, Other outreach services, Pathology, Pharmacy and Radiology and organ imaging.

Outpatient clinic activity

The NOCD is a compilation of summary data for outpatient clinic occasions of service in public hospitals. The data supplied are based on the Outpatient care NMDS, as defined in the National health data dictionary, version 16 (AIHW 2012f). These data were provided to the AIHW for 2011–12 as counts of individual occasions of service and group sessions for 24 types of outpatient clinics.

The scope for the Outpatient care NMDS for 2011–12 was services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals that were classified as either peer group A (Principal referral and specialist women’s and children’s hospitals) or B (Large hospitals) in Australian hospital statistics 2010–11 (AIHW 2012a). The public hospital peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity (see Appendix B).

For 2011–12, most states and territories were able to provide summary data to the NOCD for all public hospitals in peer groups A and B that managed outpatient clinic services. Some states and territories also provided outpatient care data for public hospitals that were classified to other peer groups:

- Western Australia provided data for 3 Medium hospitals, 2 Remote acute hospitals, 1 Small non-acute hospital and 1 Rehabilitation hospital
- South Australia provided data for 1 Medium hospital
- Tasmania provided data for 1 Medium hospital.
These data have also been included in analyses of NOCD data presented in this chapter. The proportion of individual outpatient occasions of service and group sessions for which clinic-level data were available was 98% for peer groups A and B. For all public hospitals the proportion was about 79% for individual occasions of service and 78% for group sessions (see Table 6.6).

Box 6.1: What are the limitations of the data?
When interpreting the data presented, the following should be noted:

• The data are counts of occasions of service, not persons. A person may have multiple occasions of service, at a variety of outpatient clinics or departments reported in a reference year.

• States and territories may differ in the extent to which outpatient services are provided in non-hospital settings (such as community health services) that are beyond the scope of the NPHED and NOCD.

• There is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected for the NPHED. Differing admission practices between the states and territories also lead to variation among jurisdictions in the services reported.

• Data from the NOCD should be interpreted with caution as they may not be representative of outpatient clinic activity for hospitals that were not required to provide data for the NOCD.

• NOCD data should be interpreted with caution as the comparability of the data may be influenced by variation in admission practices, the type of facility providing these services and in the allocation of outpatient services to the 24 clinic types among the states and territories.

• For some jurisdictions, the reporting of outpatient clinic care varied over the periods 2010–11 and 2011–12, in order to align with the reporting requirements for Activity Based Funding. These changes included: the discontinuation of reporting for some activity; the commencement of reporting for some activity; and the re-categorisation of some clinics according to the Tier 2 clinics structure (IHPA 2011). Therefore, these data may not be comparable with data reported for previous years.

• Data supply issues in Victoria have resulted in significant under-reporting of non-admitted occasions of service in 2011–12 for Dental, Mental health, and Community health. Consequently, the 2011–12 data for Victoria are not directly comparable with previous years.

• For Western Australia, counts of outpatient group sessions reported to the NOCD reflect the number of individuals who attended group sessions. The data for Western Australian group sessions are therefore not directly comparable with the data provided for group sessions presented for other states and territories.

• For 2009–10 and 2011–12, Tasmania were not able to provide outpatient care data for one Principal referral hospital, which reported about 180,000 occasions of service to the NPHED and about 134,000 occasions of service to the NOCD in 2010–11.

• For 2010–11 and 2011–12, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania’s public hospital counts.
Box 6.2: What methods were used?
The proportion of outpatient occasions of service for which NOCD clinic-level data was available was calculated as the number of outpatient occasions of service reported to the NOCD divided by the number of outpatient-related occasions of service (as defined above), from the NPHED, as a percentage. Where the number of occasions of service reported to the NOCD was greater than the number of outpatient-related occasions of service reported to the NPHED, the proportion is presented as 100%.

How has activity changed over time?
Table 6.1 shows the number of individual occasions of service for outpatient-related services reported to the NPHED for public acute hospitals between 2007–08 and 2011–12.

During that period, outpatient care delivered in specialist outpatient clinics increased by an average of 0.8% per year and Pharmacy, Pathology and Radiology and organ imaging increased by 4.5% per year (Table 6.1). However, there were marked variations across the categories of non-admitted patient services that are likely to reflect changes in reporting practices across states and territories. For example, the large decrease between 2010–11 and 2011–12 for Dental occasions of service was largely caused by a decrease in reporting for Victoria.

Table 6.1: Number of individual non-admitted patient occasions of service ('000) for outpatient and other services, public acute hospitals, 2007–08 to 2011–12(a)

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<tr>
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<td>3,752</td>
<td>3,848</td>
<td>3,908</td>
<td>4,060</td>
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<td>3.9</td>
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<td>864</td>
<td>886</td>
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<td>Endoscopy and related procedures</td>
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<td>55</td>
<td>63</td>
<td>60</td>
<td>6.1</td>
<td>–6.1</td>
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<td>Other medical/surgical/obstetric</td>
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<td>16,868</td>
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<td>Pharmacy, Pathology, Radiology and organ imaging</td>
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<td>17,197</td>
<td>19,350</td>
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<td>41,255</td>
<td>41,989</td>
<td>42,081</td>
<td>42,526</td>
<td>45,315</td>
<td>2.4</td>
<td>6.6</td>
</tr>
</tbody>
</table>

(a) Reporting arrangements have varied significantly across years and across jurisdictions. See Appendix A.
(b) For 2009–10 and 2011–12, Tasmania was not able to provide occasions of service data for one hospital that reported about 180,000 non-admitted patient occasions of service to the NPHED in 2010–11.
(c) For 2011–12, Victoria was not able to report all Dental, Mental health and Community health occasions of service.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.
States and territories

Table 6.2 shows the number of individual occasions of service for outpatient-related services reported to the NPHED for public acute hospitals across states and territories between 2007–08 and 2011–12.

During that period, individual Outpatient occasions of service increased by an average of 0.8% per year, with the Northern Territory reporting the highest increase of 9.3% per year.

For Tasmania, there was a marked decrease in the numbers of Other non-admitted occasions of service reported between 2009–10 and 2010–11 due to the exclusion of outpatient occasions of service provided at public hospitals by private specialists that had, in previous years, been included in Tasmania’s public hospital counts.

Between 2010–11 and 2011–12, there were apparent variations in the activity reported by some jurisdictions. For Victoria, there were notable decreases in the numbers of occasions of service reported for Dental, Mental health and Community health due to data supply issues. For the Australian Capital Territory there were notable increases in Pharmacy, Pathology, Radiology and organ imaging, Mental health, Alcohol and drug services and Community health, Outreach and District nursing (see AHIW 2012a).

How much activity was there in 2011–12?

Table 6.3 shows the number of individual occasions of service for outpatient-related care reported to the NPHED for public acute hospitals by state and territory.

In 2011–12, public hospitals provided almost 16.9 million service episodes for outpatient-related care, including:

- 4.1 million services for Allied health
- 12.3 million service episodes delivered in specialist outpatient clinics for Other medical/surgical/obstetric.

The proportion of non-admitted patient occasions of service that are related to outpatient care varied across states, from 15% in the Australian Capital Territory to 93% in Tasmania. The largest contributor to outpatient-related services was Other medical/surgical/obstetric followed by Allied health. In Western Australia, Allied health was the most common type of outpatient-related services. There was also considerable variation in activity for other non-admitted patient service types across states and territories. These variations are likely to reflect differences in data recording practices.

In 2011–12, 304,000 non-admitted patient care occasions of service were reported to the NPHED for group sessions (care provided to more than one patient at a time), with Mental health, Community health and Other Outreach accounting for 52% of these sessions (Table 6.7).
Table 6.2: Individual non-admitted patient occasions of service for outpatient and other services, public acute hospitals, states and territories, 2007–08 to 2011–12\(^{(a)}\)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New South Wales(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>6,400,364</td>
<td>6,549,516</td>
<td>6,450,592</td>
<td>6,022,466</td>
<td>6,428,747</td>
<td>0.1</td>
<td>6.7</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>12,414,382</td>
<td>13,137,117</td>
<td>12,523,328</td>
<td>12,827,589</td>
<td>15,095,464</td>
<td>5.0</td>
<td>17.7</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>18,814,746</td>
<td>19,686,633</td>
<td>18,973,920</td>
<td>18,850,055</td>
<td>21,524,211</td>
<td>3.4</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Victoria(^{(b),(e)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>2,864,208</td>
<td>2,939,829</td>
<td>3,094,084</td>
<td>3,334,130</td>
<td>2,962,630</td>
<td>0.8</td>
<td>–11.1</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>3,115,414</td>
<td>3,081,479</td>
<td>3,246,556</td>
<td>3,393,818</td>
<td>2,439,196</td>
<td>–5.9</td>
<td>–28.1</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>5,979,622</td>
<td>6,021,308</td>
<td>6,340,640</td>
<td>6,727,948</td>
<td>5,401,826</td>
<td>–2.5</td>
<td>–19.7</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>3,324,742</td>
<td>3,190,117</td>
<td>3,344,905</td>
<td>3,259,578</td>
<td>3,329,408</td>
<td>&lt;0.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>5,867,454</td>
<td>6,023,488</td>
<td>6,155,172</td>
<td>6,267,074</td>
<td>6,147,142</td>
<td>1.2</td>
<td>–1.9</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>9,192,196</td>
<td>9,213,605</td>
<td>9,500,077</td>
<td>9,526,652</td>
<td>9,476,550</td>
<td>0.8</td>
<td>–0.5</td>
</tr>
<tr>
<td><strong>Western Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>1,697,777</td>
<td>1,775,362</td>
<td>1,902,060</td>
<td>2,021,564</td>
<td>2,243,413</td>
<td>7.2</td>
<td>11.0</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>2,287,313</td>
<td>1,969,478</td>
<td>2,195,464</td>
<td>2,458,701</td>
<td>2,706,973</td>
<td>4.3</td>
<td>10.1</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>3,985,090</td>
<td>3,744,840</td>
<td>4,097,524</td>
<td>4,480,265</td>
<td>4,960,385</td>
<td>5.6</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>South Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>1,203,133</td>
<td>1,130,999</td>
<td>1,136,319</td>
<td>1,142,192</td>
<td>1,172,450</td>
<td>–0.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>456,785</td>
<td>444,769</td>
<td>482,368</td>
<td>458,092</td>
<td>489,635</td>
<td>1.8</td>
<td>6.9</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>1,659,918</td>
<td>1,575,766</td>
<td>1,618,867</td>
<td>1,600,284</td>
<td>1,662,085</td>
<td>&lt;0.1</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Tasmania(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>459,539</td>
<td>454,806</td>
<td>334,946</td>
<td>358,322</td>
<td>326,013</td>
<td>–8.2</td>
<td>–9.0</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>399,480</td>
<td>453,849</td>
<td>295,280</td>
<td>30,335</td>
<td>23,308</td>
<td>–50.9</td>
<td>–23.2</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>859,019</td>
<td>908,655</td>
<td>630,226</td>
<td>388,657</td>
<td>349,321</td>
<td>–20.1</td>
<td>–10.1</td>
</tr>
<tr>
<td><strong>Australian Capital Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>296,259</td>
<td>343,383</td>
<td>379,974</td>
<td>396,566</td>
<td>229,768</td>
<td>–6.2</td>
<td>–42.1</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>150,878</td>
<td>158,941</td>
<td>169,808</td>
<td>170,225</td>
<td>1,294,070</td>
<td>71.1</td>
<td>660.2</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>447,137</td>
<td>502,324</td>
<td>549,782</td>
<td>566,791</td>
<td>1,523,838</td>
<td>35.9</td>
<td>168.9</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>122,694</td>
<td>131,993</td>
<td>146,607</td>
<td>147,188</td>
<td>175,162</td>
<td>9.3</td>
<td>19.0</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>194,087</td>
<td>203,994</td>
<td>223,292</td>
<td>237,874</td>
<td>251,847</td>
<td>6.7</td>
<td>5.9</td>
</tr>
<tr>
<td>Total(^{(d)})</td>
<td>316,781</td>
<td>335,987</td>
<td>369,899</td>
<td>385,062</td>
<td>427,009</td>
<td>7.8</td>
<td>10.9</td>
</tr>
<tr>
<td><strong>Total(^{(e)})</strong></td>
<td>16,368,716</td>
<td>16,516,005</td>
<td>16,789,487</td>
<td>16,682,006</td>
<td>16,867,591</td>
<td>0.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Outpatient-related</td>
<td>24,885,793</td>
<td>25,291,268</td>
<td>25,843,708</td>
<td>25,447,635</td>
<td>28,447,635</td>
<td>3.4</td>
<td>10.1</td>
</tr>
<tr>
<td>Other non-admitted(^{(c)})</td>
<td>41,254,509</td>
<td>41,989,120</td>
<td>42,080,755</td>
<td>42,525,714</td>
<td>45,315,226</td>
<td>2.4</td>
<td>6.6</td>
</tr>
</tbody>
</table>

\(\text{Note:}\) See boxes 6.1 and 6.2 for notes on data limitations and methods.

\(\text{Source:}\) National Public Hospital Establishments Database.

\(\text{(a)}\) Reporting arrangements have varied significantly across years and across jurisdictions.

\(\text{(b)}\) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for New South Wales.

\(\text{(c)}\) Other Pharmacy, Pathology, Radiology and organ imaging, Mental health, Alcohol and drug, Community health and Outreach and District nursing.

\(\text{(d)}\) Total individual occasions of service.

\(\text{(e)}\) For 2011–12, Victoria was not able to report all Dental, Mental health and Community health occasions of service.

\(\text{(f)}\) For 2009–10 and 2011–12, Tasmania was not able to provide occasions of service data for one hospital that reported about 180,000 non-admitted patient occasions of service to the NPHED in 2010–11. From 2010–11, Tasmania excluded counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania’s public hospital counts.

\(\text{(g)}\) For 2009–10 and 2011–12, Tasmania was not able to report all Dental, Mental health and Community health occasions of service.
Table 6.3: Number of individual non-admitted patient occasions of service (’000)(a), public acute hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Type of service</th>
<th>NSW(b)</th>
<th>Vic(c)</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT(d)</th>
<th>Total (’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient-related</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied health</td>
<td>661</td>
<td>1,154</td>
<td>615</td>
<td>1,323</td>
<td>170</td>
<td>103</td>
<td>20</td>
<td>13</td>
<td>4,060</td>
</tr>
<tr>
<td>Dental</td>
<td>407</td>
<td>23</td>
<td>.</td>
<td>14</td>
<td>.</td>
<td>8</td>
<td>.</td>
<td>.</td>
<td>452</td>
</tr>
<tr>
<td>Dialysis</td>
<td>19</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>19</td>
</tr>
<tr>
<td>Endoscopy and related procedures</td>
<td>20</td>
<td>.</td>
<td>12</td>
<td>.</td>
<td>25</td>
<td>.</td>
<td>3</td>
<td>.</td>
<td>60</td>
</tr>
<tr>
<td>Other medical/surgical/obstetric</td>
<td>5,321</td>
<td>1,786</td>
<td>2,702</td>
<td>907</td>
<td>970</td>
<td>223</td>
<td>207</td>
<td>162</td>
<td>12,277</td>
</tr>
<tr>
<td><strong>Total outpatient occasions of service</strong></td>
<td>6,429</td>
<td>2,963</td>
<td>3,329</td>
<td>2,243</td>
<td>1,172</td>
<td>326</td>
<td>230</td>
<td>175</td>
<td>16,868</td>
</tr>
<tr>
<td><strong>Pharmacy, Pathology, Radiology and organ imaging</strong></td>
<td>9,057</td>
<td>2,072</td>
<td>5,701</td>
<td>1,389</td>
<td>238</td>
<td>.</td>
<td>640</td>
<td>252</td>
<td>19,350</td>
</tr>
<tr>
<td>Mental health and Alcohol and drug</td>
<td>2,271</td>
<td>99</td>
<td>66</td>
<td>83</td>
<td>17</td>
<td>3</td>
<td>259</td>
<td>.</td>
<td>2,798</td>
</tr>
<tr>
<td>Community health, Outreach and District nursing</td>
<td>3,768</td>
<td>268</td>
<td>380</td>
<td>1,235</td>
<td>234</td>
<td>21</td>
<td>394</td>
<td>.</td>
<td>6,300</td>
</tr>
<tr>
<td><strong>Total individual occasions of service</strong></td>
<td>21,524</td>
<td>5,402</td>
<td>9,477</td>
<td>4,950</td>
<td>1,662</td>
<td>349</td>
<td>1,524</td>
<td>427</td>
<td>45,315</td>
</tr>
</tbody>
</table>

(a) Reporting practices and arrangements have varied significantly across years and across jurisdictions.
(b) Justice Health in New South Wales reported a large number of occasions of service for Pharmacy and District nursing that may not be typical for other hospitals.
(c) Victoria was not able to report all Dental, Mental health and Community health occasions of services.
(d) Radiology figures for the Northern Territory are underestimated and Pathology figures relate only to three of the five hospitals.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods. Additional information for states and territories is in Table 6.7 at the end of this chapter.

Source: National Public Hospital Establishments Database.

Individual occasions of service

In 2011–12, clinic-level data were provided to the NOCD for almost 13.8 million occasions of service for individuals (Table 6.4). Almost 52% of individual outpatient occasions of service reported to the NOCD were provided by Allied health, Medical and Obstetrics clinics.

For Victoria, the large decrease in the number of non-admitted occasions of service between 2010–11 and 2011–12 was due to data supply issues. Over the same period, there was a large increase in the number of occasions of service reported for Medical outpatient clinics for the Australian Capital Territory (see AIHW 2012a).

The estimated proportions of individual occasions of service reported to the NOCD for 2011–12 varied significantly by state and territory, ranging from 71% for Western Australia to 100% for the Australian Capital Territory (Table 6.6).

Group occasions of service

In 2011–12, there were about 206,000 group sessions reported for non-admitted patient outpatient clinic care (Table 6.5). Almost 78% of group sessions reported to the NOCD were provided by Allied health clinics.

The estimated proportions of group occasions of service reported to the NOCD for 2011–12 ranged from 37% in Victoria to 100% for Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory (Table 6.6).
<table>
<thead>
<tr>
<th>Clinic type</th>
<th>NSW</th>
<th>Vic(a)</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(b)</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied health</td>
<td>524,452</td>
<td>829,944</td>
<td>520,516</td>
<td>572,202</td>
<td>180,226</td>
<td>102,850</td>
<td>126,062</td>
<td>12,703</td>
<td>2,856,483</td>
</tr>
<tr>
<td>Dental</td>
<td>258,100</td>
<td>17,387</td>
<td>0</td>
<td>4,086</td>
<td>7,625</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>287,208</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>63,314</td>
<td>48,089</td>
<td>60,608</td>
<td>20,293</td>
<td>37,456</td>
<td>6,918</td>
<td>3,457</td>
<td>6,562</td>
<td>246,694</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>782,035</td>
<td>379,566</td>
<td>392,313</td>
<td>152,648</td>
<td>116,796</td>
<td>27,260</td>
<td>27,837</td>
<td>27,837</td>
<td>1,941,444</td>
</tr>
<tr>
<td>Cardiology</td>
<td>60,326</td>
<td>20,907</td>
<td>98,842</td>
<td>34,884</td>
<td>26,238</td>
<td>8,182</td>
<td>8,762</td>
<td>1,869</td>
<td>258,509</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>168,454</td>
<td>48,784</td>
<td>64,780</td>
<td>45,077</td>
<td>30,539</td>
<td>14,255</td>
<td>0</td>
<td>2,618</td>
<td>374,138</td>
</tr>
<tr>
<td>Oncology</td>
<td>368,448</td>
<td>132,419</td>
<td>107,565</td>
<td>76,665</td>
<td>11,638</td>
<td>14,108</td>
<td>12,185</td>
<td>2,998</td>
<td>731,126</td>
</tr>
<tr>
<td>Respiratory</td>
<td>137,459</td>
<td>13,184</td>
<td>41,863</td>
<td>19,852</td>
<td>34,530</td>
<td>5,704</td>
<td>8,762</td>
<td>1,869</td>
<td>228,771</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>47,060</td>
<td>19,284</td>
<td>11,989</td>
<td>14,977</td>
<td>17,535</td>
<td>298</td>
<td>0</td>
<td>1,360</td>
<td>157,699</td>
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<tr>
<td>Medical</td>
<td>1,265,908</td>
<td>243,354</td>
<td>334,879</td>
<td>266,364</td>
<td>126,317</td>
<td>18,507</td>
<td>26,326</td>
<td>26,326</td>
<td>2,363,440</td>
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<tr>
<td>General practice/primary care</td>
<td>197,707</td>
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<td>33,391</td>
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<td>0</td>
<td>0</td>
<td>171,658</td>
<td>0</td>
<td>403,143</td>
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<tr>
<td>Paediatric</td>
<td>68,882</td>
<td>9,815</td>
<td>52,191</td>
<td>11,465</td>
<td>23,078</td>
<td>16,163</td>
<td>7,667</td>
<td>8,119</td>
<td>197,321</td>
</tr>
<tr>
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<td>0</td>
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<td><strong>Total</strong></td>
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<td><strong>2,500,047</strong></td>
<td><strong>2,626,224</strong></td>
<td><strong>1,586,849</strong></td>
<td><strong>993,511</strong></td>
<td><strong>298,768</strong></td>
<td><strong>569,922</strong></td>
<td><strong>165,544</strong></td>
<td><strong>13,796,594</strong></td>
</tr>
</tbody>
</table>

(a) There were variations among jurisdictions in the reporting of occasions of service because of differences in admission practices and in the types of facilities offering these services.

(b) Victoria was not able to report all Dental occasions of services.

(c) For 2011–12, Tasmania was not able to provide occasions of service data for one hospital that reported about 134,000 non-admitted patient occasions of service to the NOCD in 2010–11.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Source: National Outpatient Care Database.
Table 6.5: Outpatient care group occasions of service(a), by outpatient clinic type, selected public hospitals, states and territories, 2011–12

<table>
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<th>Clinic type</th>
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<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>120,818</td>
<td>17,490</td>
<td>3,137</td>
<td>3</td>
<td>765</td>
<td>205,554</td>
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</table>

(a) There were variations among jurisdictions in the reporting of occasions of service because of differences in admission practices and in the types of facilities offering these services. There were no group sessions reported for Endoscopy, Ophthalmology and Paediatric Surgery.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Source: National Outpatient Care Database.
Table 6.6: Outpatient occasions of service, by public hospital peer group, states and territories, 2011–12

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<th>Peer group</th>
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<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>Hospitals reporting to NOCD</td>
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<td>569,922</td>
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<td>Hospitals reporting to NOCD</td>
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</tr>
<tr>
<td>Hospitals reporting to NOCD</td>
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</tr>
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<td>23</td>
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<td>Group occasions of service</td>
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<td>1,586,849</td>
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<tr>
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<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>70</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Victoria was not able to report all Dental, Mental Health and Community health occasions of service.

\(^{(b)}\) The number of outpatient occasions of service reported to the NOCD divided by the number of outpatient-related occasions of service reported to the NPHED, as a percentage.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Source: National Outpatient Care Database.
Table 6.7: Non-admitted patient occasions of service, public acute hospitals, states and territories, 2011–12

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<th>Qld</th>
<th>WA</th>
<th>SA</th>
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<th>ACT</th>
<th>NT(^{(b)})</th>
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<td>.</td>
<td>451,846</td>
</tr>
<tr>
<td>Dialysis</td>
<td>19,471</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>0</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>19,471</td>
</tr>
<tr>
<td>Endoscopy and related procedures</td>
<td>19,625</td>
<td>12,145</td>
<td></td>
<td>24,909</td>
<td>.</td>
<td>2,828</td>
<td>.</td>
<td>.</td>
<td>59,507</td>
</tr>
<tr>
<td>Other medical/surgical/obstetric(^{(c)})</td>
<td>5,320,869</td>
<td>1,785,512</td>
<td>2,702,089</td>
<td>906,898</td>
<td>970,285</td>
<td>222,847</td>
<td>206,898</td>
<td>161,842</td>
<td>12,277,240</td>
</tr>
<tr>
<td><strong>Total outpatient occasions of service</strong></td>
<td>6,428,747</td>
<td>2,962,630</td>
<td>3,329,408</td>
<td>2,243,413</td>
<td>1,172,450</td>
<td>326,013</td>
<td>229,768</td>
<td>175,162</td>
<td>16,867,591</td>
</tr>
<tr>
<td>Mental health</td>
<td>1,014,067</td>
<td>n.a.</td>
<td>33,010</td>
<td>82,930</td>
<td>16,877</td>
<td>2,681</td>
<td>259,257</td>
<td>.</td>
<td>1,408,822</td>
</tr>
<tr>
<td>Alcohol and drug</td>
<td>1,256,848</td>
<td>99,356</td>
<td>32,997</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1,389,201</td>
</tr>
<tr>
<td>Pharmacy(^{(d)})</td>
<td>4,199,079</td>
<td>481,973</td>
<td>618,792</td>
<td>255,820</td>
<td>.</td>
<td>.</td>
<td>39,428</td>
<td>35,550</td>
<td>5,630,642</td>
</tr>
<tr>
<td>Community health</td>
<td>1,646,019</td>
<td>10,643</td>
<td>125,390</td>
<td>959,942</td>
<td>1,920</td>
<td>20,627</td>
<td>394,483</td>
<td>.</td>
<td>3,159,024</td>
</tr>
<tr>
<td>District nursing(^{(d)})</td>
<td>1,575,712</td>
<td>253,560</td>
<td>122,512</td>
<td>150,314</td>
<td>5,858</td>
<td>.</td>
<td>.</td>
<td>2,107,956</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>3,965,916</td>
<td>912,193</td>
<td>4,041,412</td>
<td>667,367</td>
<td>.</td>
<td>.</td>
<td>540,400</td>
<td>124,567</td>
<td>10,251,855</td>
</tr>
<tr>
<td>Radiology and organ imaging</td>
<td>891,658</td>
<td>677,531</td>
<td>1,041,237</td>
<td>466,017</td>
<td>238,331</td>
<td>.</td>
<td>60,502</td>
<td>91,730</td>
<td>3,467,006</td>
</tr>
<tr>
<td>Other outreach</td>
<td>546,165</td>
<td>3,940</td>
<td>131,792</td>
<td>124,583</td>
<td>226,649</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,033,129</td>
</tr>
<tr>
<td><strong>Total individual occasions of service</strong></td>
<td>21,524,211</td>
<td>5,401,826</td>
<td>9,476,550</td>
<td>4,950,386</td>
<td>1,662,085</td>
<td>349,321</td>
<td>1,523,838</td>
<td>427,009</td>
<td>45,315,226</td>
</tr>
</tbody>
</table>

(continued)
### Table 6.7 (continued): Non-admitted patient occasions of service, public acute hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Type of non-admitted patient service</th>
<th>NSW</th>
<th>Vic(^{(a)})</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT(^{(b)})</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group sessions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied health</td>
<td>14,039</td>
<td>25,445</td>
<td>15,383</td>
<td>22,647</td>
<td>7,403</td>
<td>. .</td>
<td>307</td>
<td>. .</td>
<td>85,224</td>
</tr>
<tr>
<td>Dental</td>
<td>67</td>
<td>. .</td>
<td>. .</td>
<td>6</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>73</td>
</tr>
<tr>
<td>Other medical/surgical/obstetric(^{(c)})</td>
<td>37,749</td>
<td>1,528</td>
<td>5,767</td>
<td>502</td>
<td>11,026</td>
<td>. .</td>
<td>12</td>
<td>3</td>
<td>56,587</td>
</tr>
<tr>
<td><strong>Total outpatient occasions of service</strong></td>
<td>51,876</td>
<td>26,973</td>
<td>21,150</td>
<td>23,155</td>
<td>18,429</td>
<td>. .</td>
<td>319</td>
<td>3</td>
<td>141,905</td>
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<tr>
<td>Mental health</td>
<td>29,808</td>
<td>. .</td>
<td>. .</td>
<td>4,352</td>
<td>475</td>
<td>. .</td>
<td>6,025</td>
<td>. .</td>
<td>40,660</td>
</tr>
<tr>
<td>Alcohol and drug</td>
<td>704</td>
<td>. .</td>
<td>255</td>
<td>n.a.</td>
<td>0</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>959</td>
</tr>
<tr>
<td>Community health</td>
<td>29,702</td>
<td>. .</td>
<td>926</td>
<td>30,015</td>
<td>0</td>
<td>. .</td>
<td>33</td>
<td>. .</td>
<td>60,676</td>
</tr>
<tr>
<td>District nursing</td>
<td>3,089</td>
<td>. .</td>
<td>7</td>
<td>1,678</td>
<td>0</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>4,774</td>
</tr>
<tr>
<td>Other outreach</td>
<td>8,724</td>
<td>. .</td>
<td>86</td>
<td>2,184</td>
<td>43,788</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>54,782</td>
</tr>
<tr>
<td>Other</td>
<td>74</td>
<td>0</td>
<td>0</td>
<td>101</td>
<td>0</td>
<td>. .</td>
<td>. .</td>
<td>. .</td>
<td>175</td>
</tr>
<tr>
<td><strong>Total group sessions(^{(e)})</strong></td>
<td>123,977</td>
<td>26,973</td>
<td>22,424</td>
<td>61,485</td>
<td>62,692</td>
<td>. .</td>
<td>6,377</td>
<td>3</td>
<td>303,931</td>
</tr>
</tbody>
</table>

(a) Victoria was not able to report all Dental, Mental health and Community health occasions of service.

(b) Radiology figures for the Northern Territory are underestimated and Pathology figures relate only to three of the five hospitals.

(c) Other medical/surgical/obstetric relates to the NOCD outpatient services of Gynaecology, Obstetrics, Cardiology, Endocrinology, Oncology, Respiratory, Gastroenterology, Medical, General practice primary care, Paediatric, Plastic surgery, Urology, Orthopaedic surgery, Ophthalmology, Ear, nose and throat, Chemotherapy, Paediatric surgery and Renal medical.

(d) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service for Pharmacy and District nursing that may not be typical for other hospitals.

(e) Includes any group sessions for Dialysis and Endoscopy and related procedures.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.
7 Admitted patient care: overview

This chapter draws on data from the NHMD to present an overview of admitted patient care in Australia’s hospitals.

Subsequent chapters present information on the following subsets of admitted patient care:

- same-day acute admitted patient care (Chapter 8)
- overnight acute admitted patient care (Chapter 9)
- surgery for admitted patients (Chapter 10)
- sub- and non-acute care (Chapter 11).

What data are reported?

The NHMD contains episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The data in this chapter include administrative, demographic and clinical data.

Administrative data provide information on:

- how patients were admitted
- how patient care ended
- length of stay in hospital
- the source of funding.

Demographic data provide information on the patient’s:

- age
- sex
- Indigenous status
- remoteness area of usual residence
- socioeconomic status of area of usual residence.

Clinical data provide information on:

- the type of care provided
- principal and additional diagnoses, including external cause of injury or poisoning
- procedures or interventions
- AR-DRGs.

Terms relevant to admitted patient care data are summarised in Box 7.1.
Box 7.1: Summary of terms and classifications relating to admitted patient care

Statistics on admitted patients are compiled when an admitted patient (a patient who undergoes a hospital’s formal admission process) completes an episode of admitted patient care and ‘separates’ from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of the patients’ episodes of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate.

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). ‘Separation’ also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

Patient day means the occupancy of a hospital bed (or chair in the case of some same-day patients) by an admitted patient for all or part of a day. The length of stay for an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day.

A same-day separation occurs when a patient is admitted and separated from the hospital on the same date. An overnight separation occurs when a patient is admitted to and separated from the hospital on different dates.

The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient’s episode of admitted patient care. An additional diagnosis is a condition or complaint that either coexists with the principal diagnosis or arises during the episode of care. An additional diagnosis is reported if the condition affects patient management.

A procedure is a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Australian Refined Diagnosis Related Groups (AR-DRG) is a classification system developed to provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital resources. The AR-DRG system is partly hierarchical, with 23 Major Diagnostics Categories, which are divided into Surgical, Medical and Other partitions, and then into 708 individual AR-DRGs (in AR-DRG version 6.0x).

In 2011–12, diagnoses and external causes of injury were recorded using the 7th edition of the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) (NCCH 2010). It comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization’s version of ICD-10. The ICD-10-AM classification is hierarchical, with 20 summary disease chapters that are divided into a large number of more specific disease groupings. See Appendix B for more information.

(continued)
Box 7.1 (continued)
Procedures were recorded using the 7th edition of the *Australian Classification of Health Interventions* (ACHI) (NCCH 2010). The ACHI classification is divided into 20 chapters by anatomical site. These subchapters are further divided into more specific procedure blocks, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information. In this publication, procedures are mostly presented based on the ACHI procedure chapters and the ACHI procedure blocks. See Appendix B for more information.
See the Glossary for more terms relating to admitted patient care.

Box 7.2: What are the limitations of the data?
When interpreting the data presented, the following should be noted:

- Coverage for the NHMD is essentially complete. For 2011–12, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not provided for private free-standing day hospital facilities in the Australian Capital Territory and the Northern Territory, and for one private free-standing day facility in Tasmania.

- There may be variation among states and territories in the use of statistical discharges and the assignment of care types (see Appendix A).

- In 2011–12, it is estimated that 88% of Indigenous patients were correctly identified in Australian public hospitals. The overall quality of the data provided for Indigenous status in 2011–12 is considered to be in need of some improvement and varied between states and territories (AIHW forthcoming) (see Appendix B).

- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients (see Appendix A). This is particularly important for the Australian Capital Territory. In 2011–12, about 20% of separations for the Australian Capital Territory hospitals were for patients who lived in New South Wales.

See appendixes A and B for more information.
Box 7.3: What methods were used?

- Unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- The patient’s age is calculated at the date of admission.
- In tables by age group and sex, separations for which age and sex were not reported are included in totals. In 2011–12, there were 73 separations that did not have sex reported as male or female, and 6 separations for which date of birth was not reported (so age could not be calculated).
- Separation rates are age standardised as detailed in Appendix B.
- In some tables, separation rates are accompanied by the standardised separation rate ratio (SRR). If the SRR is greater than 1, then the rate for the category was higher than the national average (or, in the case of Indigenous status, than other Australians).
- Data on area of usual residence were provided as state or territory and statistical local area (SLA) and/or postcode, and have been aggregated to remoteness areas under the Australian Standard Geographical Classification (ABS 2006).
- Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2008) for the area of usual residence (SLA) of the patient.
- *Other Australians* includes separations for which the Indigenous status was not reported.

See Appendix B for more information.

Figure 7.1 demonstrates some of the data included in the NHMD using the example of separations for admitted patients aged 55 to 64 years. In 2011–12:

- there were about 1.5 million separations for people aged 55 to 64
- the number of separations for people aged 55 to 64 increased by 18% over the period 2007–08 to 2011–12, an average annual increase of 4.3%
- most of these separations were for acute care (95%) or rehabilitation care (4%)
- 53% of these separations were for men
- 53% of these separations were in public hospitals
- the vast majority of separations (94%) had a separation mode of *Other*, suggesting that these patients went home at the end of their care, and just over 3% were discharged or transferred to another hospital
- among the most common principal diagnoses were care involving dialysis, other medical care (which includes chemotherapy and palliative care) and care involving the use of rehabilitation procedures
- the most common AR-DRG was *Haemodialysis*
- the most common procedures were *Cerebral anaesthesia, Haemodialysis* and *Generalised allied health intervention*, which includes interventions such as physiotherapy, occupational therapy, social work and dietetics.
**Figure 7.1:** Data reported for separations for persons aged 55–64 years, all hospitals, 2011–12

ALOS—average length of stay; AR-DRG—Australian Refined Diagnosis Related Group.
How has activity changed over time?

From 2010-11 to 2011-12, separations rose 4.6% to 9.3 million (Table 7.1). The increase in separations was higher in private hospitals (4.8%) than in public hospitals (4.4%). Between 2007-08 and 2011-12, the number of separations rose by an average of 4.1% per year (Table 7.1). Over that period, the average annual rise in separations was higher in private hospitals than in public hospitals. The largest increases in acute separation rates were seen for private hospital same-day separations (4.9% per year).

The largest increases in separations occurred for sub- and non-acute care, which increased by an average of 7.6% per year for public hospitals and 16.8% per year for private hospitals between 2007-08 to 2011-12 (see Chapter 11 for more information on sub- and non-acute care).

| Table 7.1: Separations, by type of care, public and private hospitals, 2007–08 to 2011–12 |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|
|                                  |          |          |          |          |          | 2007–08  | 2010–11  |
| **Public hospitals**             |          |          |          |          |          |          |          |
| Acute(a)                        | 4,608,000| 4,748,075| 4,916,330| 5,114,373| 5,329,166| 3.7      | 4.2      |
| Same-day                        | 2,342,455| 2,438,918| 2,548,838| 2,660,640| 2,777,380| 4.3      | 4.4      |
| Surgical(b)                     | 348,862  | 359,435  | 365,562  | 373,252  | 380,885  | 2.2      | 2.0      |
| Other(c)                        | 1,993,593| 2,079,483| 2,183,276| 2,287,388| 2,396,495| 4.7      | 4.8      |
| Overnight                       | 2,265,545| 2,309,157| 2,367,492| 2,453,733| 2,551,786| 3.0      | 4.0      |
| Surgical(b)                     | 509,979  | 526,808  | 540,062  | 556,447  | 569,746  | 2.8      | 2.4      |
| Other(c)                        | 1,755,566| 1,782,349| 1,827,430| 1,897,286| 1,982,040| 3.1      | 4.5      |
| Sub- and non-acute(d)           | 135,562  | 142,600  | 152,578  | 164,499  | 181,926  | 7.6      | 10.6     |
| **Total public hospitals(e)**   | 4,744,060| 4,891,023| 5,069,288| 5,279,132| 5,511,492| 3.8      | 4.4      |
| **Private hospitals**           |          |          |          |          |          |          |          |
| Acute(a)                        | 2,999,629| 3,105,309| 3,277,060| 3,502,827| 3,529,166| 4.0      | 4.3      |
| Same-day                        | 1,983,181| 2,082,968| 2,216,940| 2,399,171| 2,453,733| 4.9      | 5.1      |
| Surgical(b)                     | 675,710  | 703,982  | 743,928  | 805,846  | 851,786  | 4.5      | 5.8      |
| Other(c)                        | 1,307,471| 1,378,986| 1,473,012| 1,593,325| 1,697,140| 5.1      | 4.8      |
| Overnight                       | 1,016,448| 1,022,341| 1,060,120| 1,103,656| 1,157,786| 2.1      | 2.7      |
| Surgical(b)                     | 521,459  | 533,197  | 553,920  | 581,538  | 614,278  | 2.8      | 2.8      |
| Other(c)                        | 494,989  | 489,144  | 506,200  | 522,118  | 548,648  | 1.3      | 2.5      |
| Sub- and non-acute(d)           | 130,068  | 151,923  | 184,461  | 241,791  | 293,826  | 16.8     | 12.3     |
| **Total private hospitals(e)**  | 3,129,885| 3,257,425| 3,461,715| 3,744,677| 3,936,297| 4.6      | 4.8      |
| **Total(e)**                    | 7,873,945| 8,148,448| 8,531,003| 8,852,550| 9,256,169| 4.1      | 4.6      |

(a) Acute admitted patient care includes separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported.

(b) Surgical separations are defined as acute care separations with a surgical procedure reported, based on the procedures used to define ‘surgical’ DRGs in AR-DRG, version 6.0x (DoHA 2011).

(c) Other separations are those classified as acute care but not involving a surgical (or operating room) procedure. This can include non-operating room procedures such as endoscopy.

(d) Sub- and non-acute care includes Rehabilitation, Palliative, Geriatric evaluation and management, Psychogeriatric and Maintenance care types.

(e) Total includes separations with a care type of Other admitted patient care.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
States and territories

Between 2007–08 and 2011–12, the number of public hospital separations increased at a greater rate than the national average in Queensland, Western Australia, the Australian Capital Territory and the Northern Territory (Table 7.2).

Between 2010–11 and 2011–12, larger than average single-year increases in the number of public hospital separations were recorded for New South Wales, Western Australia and the Northern Territory (Table 7.2). Over the same period, above-average increases in the number of private hospital separations were recorded in New South Wales and Queensland.

Table 7.2: Separations for public and private hospitals, states and territories, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New South Wales</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>1,466,737</td>
<td>1,505,969</td>
<td>1,542,968</td>
<td>1,582,804</td>
<td>1,660,602</td>
<td>3.2</td>
<td>4.9</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>857,920</td>
<td>907,214</td>
<td>960,706</td>
<td>1,011,887</td>
<td>1,070,140</td>
<td>5.7</td>
<td>5.8</td>
</tr>
<tr>
<td>Total</td>
<td>2,324,657</td>
<td>2,413,183</td>
<td>2,503,674</td>
<td>2,594,691</td>
<td>2,730,742</td>
<td>4.1</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Victoria</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>1,351,171</td>
<td>1,379,624</td>
<td>1,424,663</td>
<td>1,496,041</td>
<td>1,543,773</td>
<td>3.4</td>
<td>3.2</td>
</tr>
<tr>
<td>Private hospitals</td>
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<td>885,776</td>
<td>917,810</td>
<td>917,810</td>
<td>3.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>2,153,462</td>
<td>2,190,644</td>
<td>2,310,439</td>
<td>2,371,511</td>
<td>2,461,583</td>
<td>3.4</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>831,965</td>
<td>883,340</td>
<td>922,970</td>
<td>964,349</td>
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<td>88,356</td>
<td>93,745</td>
<td>97,455</td>
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<td>95,356</td>
<td>99,694</td>
<td>104,434</td>
<td>113,357</td>
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<td>8.5</td>
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<td>4,891,023</td>
<td>5,069,288</td>
<td>5,279,132</td>
<td>5,511,492</td>
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<td>3,257,425</td>
<td>3,461,715</td>
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<td>1,607,573</td>
<td>1,705,714</td>
<td>1,766,815</td>
<td>4.1</td>
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</tbody>
</table>

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in Table 7.29 at the end of this chapter.
Between 2007–08 and 2011–12, the numbers of public hospital patient days increased at a higher rate than the national average for Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory (Table 7.3). The decrease in patient days for Tasmanian public hospitals over the same period may, in part, reflect changes in the reporting of psychiatric care.

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<td>8,235,481</td>
<td>8,286,353</td>
<td>8,522,791</td>
<td>8,887,856</td>
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<td>4.3</td>
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<td><strong>Victoria</strong>&lt;sup&gt;(a)&lt;/sup&gt;</td>
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<td>4,606,599</td>
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<td>4,782,281</td>
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<td>2,060,800</td>
<td>2,235,086</td>
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<td>6,841,685</td>
<td>6,889,331</td>
<td>7,043,896</td>
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<td>3,128,097</td>
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<td>2,062,543</td>
<td>2,093,296</td>
<td>2,177,232</td>
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<td>5,190,640</td>
<td>5,299,694</td>
<td>5,440,166</td>
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<tr>
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<td>1,647,019</td>
<td>1,722,439</td>
<td>1,779,052</td>
<td>1,856,812</td>
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<td>4.4</td>
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<td>829,497</td>
<td>886,003</td>
<td>905,529</td>
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<td>2,466,870</td>
<td>2,551,936</td>
<td>2,665,055</td>
<td>2,762,341</td>
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<tr>
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<td>1,615,367</td>
<td>1,598,610</td>
<td>1,591,333</td>
<td>1,614,514</td>
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<td>634,321</td>
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<td>2,208,357</td>
<td>2,208,512</td>
<td>2,240,178</td>
<td>2,313,474</td>
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<tr>
<td>Public hospitals</td>
<td>384,723</td>
<td>394,265</td>
<td>423,915</td>
<td>372,761</td>
<td>353,640</td>
<td>–2.1</td>
<td>–5.1</td>
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<td><strong>Australian Capital Territory</strong></td>
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<tr>
<td>Public hospitals</td>
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<td>292,947</td>
<td>296,483</td>
<td>311,607</td>
<td>326,778</td>
<td>4.2</td>
<td>4.9</td>
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<td><strong>Northern Territory</strong></td>
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<td>269,856</td>
<td>272,712</td>
<td>287,518</td>
<td>294,459</td>
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<td>2.4</td>
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<tr>
<td><strong>Total</strong></td>
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<td>18,102,746</td>
<td>18,487,019</td>
<td>18,991,036</td>
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<td>2.7</td>
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<td>7,892,929</td>
<td>8,262,177</td>
<td>8,407,613</td>
<td>8,745,214</td>
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<td>26,364,923</td>
<td>26,894,832</td>
<td>27,736,250</td>
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Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in Table 7.29 at the end of this chapter.

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.
Overnight and same-day separations

The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices, which lead to variation, in particular, in the number of same-day admissions.

Rates of overnight separations in public hospitals ranged from 90 per 1,000 in Tasmania to 191 per 1,000 in the Northern Territory (Table 7.4). For private hospitals, rates of overnight separations ranged from 39 per 1,000 in New South Wales to 63 per 1,000 in Queensland. Separation rates presented by the state or territory of hospitalisation will include separations for patients not usually resident in that state or territory. For the Australian Capital Territory, about 76% of overnight separations were for Australian Capital Territory residents, with most of the remainder for residents of New South Wales.

There were variations in rates of overnight separations by Indigenous status, remoteness area of residence and socioeconomic status of area of residence.

Table 7.4: Overnight separations per 1,000 population, states and territories, 2011–12

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<tr>
<th>Hospital sector</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<tbody>
<tr>
<td>Public</td>
<td>120.4</td>
<td>113.4</td>
<td>109.6</td>
<td>114.9</td>
<td>122.4</td>
<td>89.7</td>
<td>128.2</td>
<td>190.7</td>
<td>116.2</td>
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<td>Private</td>
<td>38.7</td>
<td>52.3</td>
<td>62.5</td>
<td>56.1</td>
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<td>n.p.</td>
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<th>Indigenous status</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>Indigenous</td>
<td>277.4</td>
<td>279.3</td>
<td>290.6</td>
<td>399.6</td>
<td>376.8</td>
<td>118.3</td>
<td>282.5</td>
<td>372.3</td>
<td>308.9</td>
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<td>Other Australians(a)</td>
<td>158.3</td>
<td>166.6</td>
<td>168.1</td>
<td>164.3</td>
<td>170.6</td>
<td>89.1</td>
<td>126.2</td>
<td>118.8</td>
<td>161.4</td>
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<th>Remoteness of residence(b)</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<tr>
<td>Major cities</td>
<td>153.8</td>
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<td>160.3</td>
<td>159.1</td>
<td>160.7</td>
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<td>141.1</td>
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<td>156.6</td>
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<tr>
<td>Inner regional</td>
<td>166.4</td>
<td>188.0</td>
<td>184.4</td>
<td>181.5</td>
<td>169.6</td>
<td>134.8</td>
<td>n.p.</td>
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<td>175.8</td>
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<td>Outer regional</td>
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<td>210.1</td>
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<td>167.0</td>
<td>187.8</td>
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<td>Remote</td>
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<td>208.0</td>
<td>151.5</td>
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<td>221.8</td>
<td>224.0</td>
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<tr>
<td>Very remote</td>
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<td>262.2</td>
<td>239.1</td>
<td>226.7</td>
<td>209.0</td>
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<td>329.4</td>
<td>270.1</td>
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<table>
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<th>Socioeconomic status of area of residence(c)</th>
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<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
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<td>1–Lowest</td>
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<td>198.4</td>
<td>270.5</td>
<td>201.5</td>
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<td>263.8</td>
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<td>189.1</td>
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<td>180.4</td>
<td>170.4</td>
<td>176.4</td>
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<td>171.2</td>
<td>169.9</td>
<td>164.2</td>
<td>164.4</td>
<td>138.5</td>
<td>289.8</td>
<td>255.4</td>
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<td>159.0</td>
<td>161.4</td>
<td>163.6</td>
<td>151.9</td>
<td>127.3</td>
<td>190.3</td>
<td>138.7</td>
<td>156.1</td>
</tr>
<tr>
<td>5–Highest</td>
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<td>144.6</td>
<td>138.2</td>
<td>149.7</td>
<td>136.1</td>
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<td>131.4</td>
<td>180.9</td>
<td>142.1</td>
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<tr>
<td>Total</td>
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<td>165.8</td>
<td>172.1</td>
<td>170.9</td>
<td>171.7</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>165.7</td>
</tr>
</tbody>
</table>

(a) Other Australians includes records for which Indigenous status was not reported.
(b) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.
(c) Disaggregation by socioeconomic group is based on the patient’s usual residence, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
International comparison—overnight separations

The number of overnight separations per 1,000 population in Australia for 2011–12 was in the middle of the range that other OECD countries reported for recent years (Figure 7.2) (OECD 2012).

![Bar chart showing overnight separations per 1,000 population for various countries, including Australia, Switzerland, Germany, France, and Austria.](image)

Notes:
1. Data for OECD countries vary in collection periods, by financial year and calendar year. Data are for 2009 or 2010 except for Australia (2011–12).
2. Separations include all care types.

Figure 7.2: Overnight separations per 1,000 population, Australia, 2011–12 and selected OECD countries (2009 or 2010)

Same-day separations

The number of same-day separations may not be comparable among the states and territories due to variations in admission practices. Therefore, these data should be interpreted with caution.

Rates of same-day separations in public hospitals ranged from 90 per 1,000 in Tasmania to 354 per 1,000 in the Northern Territory (Table 7.5). For private hospitals, rates of same-day separations ranged from 99 per 1,000 in New South Wales to 133 per 1,000 in Queensland. Separation rates presented by the state or territory of hospitalisation will include separations for patients not usually resident in that state or territory. For the Australian Capital Territory, about 82% of same-day separations were for Australian Capital Territory residents, with most of the remainder being for residents of New South Wales.

There were variations in rates of same-day separations by Indigenous status, remoteness area of residence and socioeconomic status of area of residence.
Table 7.5: Same-day separations per 1,000 population, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Hospital sector</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>95.6</td>
<td>151.4</td>
<td>110.8</td>
<td>133.9</td>
<td>105.2</td>
<td>90.1</td>
<td>150.6</td>
<td>354.0</td>
<td>120.2</td>
</tr>
<tr>
<td>Private</td>
<td>99.0</td>
<td>103.5</td>
<td>132.7</td>
<td>127.0</td>
<td>106.3</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>108.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indigenous status</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>336.7</td>
<td>528.0</td>
<td>547.9</td>
<td>1,162.8</td>
<td>785.4</td>
<td>105.2</td>
<td>370.0</td>
<td>1,406.4</td>
<td>661.8</td>
</tr>
<tr>
<td>Other Australians</td>
<td>191.8</td>
<td>252.5</td>
<td>235.7</td>
<td>243.8</td>
<td>204.6</td>
<td>89.0</td>
<td>147.4</td>
<td>111.3</td>
<td>218.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remoteness of residence</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>201.5</td>
<td>260.1</td>
<td>249.0</td>
<td>274.3</td>
<td>223.3</td>
<td>.</td>
<td>193.7</td>
<td>.</td>
<td>234.9</td>
</tr>
<tr>
<td>Inner regional</td>
<td>185.0</td>
<td>240.0</td>
<td>240.6</td>
<td>230.8</td>
<td>174.7</td>
<td>179.1</td>
<td>n.p.</td>
<td>.</td>
<td>214.5</td>
</tr>
<tr>
<td>Outer regional</td>
<td>160.5</td>
<td>248.9</td>
<td>226.2</td>
<td>208.5</td>
<td>195.6</td>
<td>152.7</td>
<td>.</td>
<td>273.0</td>
<td>206.9</td>
</tr>
<tr>
<td>Remote</td>
<td>181.6</td>
<td>351.2</td>
<td>218.0</td>
<td>268.6</td>
<td>155.4</td>
<td>114.1</td>
<td>.</td>
<td>304.8</td>
<td>230.3</td>
</tr>
<tr>
<td>Very remote</td>
<td>196.8</td>
<td>.</td>
<td>191.7</td>
<td>177.6</td>
<td>156.0</td>
<td>131.1</td>
<td>.</td>
<td>891.0</td>
<td>323.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socioeconomic status of area of residence</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–Lowest</td>
<td>182.6</td>
<td>263.2</td>
<td>241.0</td>
<td>281.3</td>
<td>218.2</td>
<td>157.6</td>
<td>n.p.</td>
<td>601.1</td>
<td>224.1</td>
</tr>
<tr>
<td>2</td>
<td>171.4</td>
<td>265.6</td>
<td>244.7</td>
<td>273.5</td>
<td>201.3</td>
<td>201.4</td>
<td>n.p.</td>
<td>386.1</td>
<td>215.7</td>
</tr>
<tr>
<td>3</td>
<td>218.7</td>
<td>250.8</td>
<td>239.0</td>
<td>253.3</td>
<td>202.0</td>
<td>188.3</td>
<td>277.5</td>
<td>441.5</td>
<td>238.0</td>
</tr>
<tr>
<td>4</td>
<td>183.5</td>
<td>252.8</td>
<td>249.5</td>
<td>246.6</td>
<td>219.8</td>
<td>172.7</td>
<td>254.8</td>
<td>154.3</td>
<td>228.5</td>
</tr>
<tr>
<td>5–Highest</td>
<td>228.1</td>
<td>245.2</td>
<td>243.9</td>
<td>266.6</td>
<td>210.4</td>
<td>.</td>
<td>183.5</td>
<td>273.2</td>
<td>236.9</td>
</tr>
<tr>
<td>Total</td>
<td>194.6</td>
<td>255.0</td>
<td>243.4</td>
<td>260.9</td>
<td>211.4</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>228.9</td>
</tr>
</tbody>
</table>

(a) Other Australians includes records for which Indigenous status was not reported.
(b) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.
(c) Disaggregation by socioeconomic group is based on the patient’s usual residence, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Who used these services?

Sex and age group

In 2011–12, overall there were about 4.9 million separations for females, compared with about 4.4 million separations for males. People aged 65 and over accounted for 39% of separations (Figure 7.3).

In 2011–12, there were more separations per 1,000 population for females than for males in the age groups 15 to 54 (Figure 7.4). Separation rates increased markedly with age for both males and females aged 55 and over.

Females accounted for more patient days than males (Figure 7.5). People aged 65 and over accounted for 48% of patient days in 2011–12.
Figure 7.3: Separations by sex and age group, all hospitals, 2011–12

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 7.38 and 7.39 at the end of this chapter.

Figure 7.4: Separations per 1,000 population by sex and age group, all hospitals, 2011–12

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Between 2007–08 and 2011–12, the increase in separations was more marked for males than females; particularly for men aged 85 and over (Figure 7.6).

Persons aged 85 and over accounted for about 7% of all separations in 2011–12, and the number of separations for them had increased by an average of 9% each year between 2007–08 and 2011–12.

The large increase in separations and patient days for patients aged less than 1 year mostly reflects changes in the reporting of Newborn episodes of care (see Appendix A for more information).

Between 2007–08 and 2011–12, patient days in all hospitals increased by 9.4% for males, and by 7.1% for females (Figure 7.7). The relative size and direction of change in patient days varied by sex and age group.

**Figure 7.5: Patient days by sex and age group, all hospitals, 2011–12**

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**Note:** See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Figure 7.6: Percentage change in separations by sex and age group, all hospitals, 2007–08 to 2011–12

Figure 7.7: Percentage change in patient days by sex and age group, all hospitals, 2007–08 to 2011–12
Aboriginal and Torres Strait Islander people

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. See ‘Under-identification of Indigenous persons’ and appendixes A and B for more information on the quality of Indigenous status data in the NHMD.

In 2011–12, there were about 366,000 separations reported for Aboriginal and Torres Strait Islander people (Table 7.6). For persons reported as Indigenous Australians:

- 92% of separations for Indigenous Australians were reported as Aboriginal but not Torres Strait Islander origin, 4% were reported as Torres Strait Islander but not Aboriginal origin and 4% were reported as Aboriginal and Torres Strait Islander origin.
- 92% of separations for Indigenous Australians in 2011–12 were from the public sector (337,000), whereas 58% of separations for other Australians were from the public sector.
- There were 309 overnight separations per 1,000 population for patients reported as Indigenous, almost twice the rate for other Australians (161 per 1,000) (Table 7.4).
- There were 662 same-day separations per 1,000 population for patients reported as Indigenous, more than 3 times the rate for other Australians (218 per 1,000) (Table 7.5).

In 2011–12, there were 971 separations per 1,000 population for Indigenous Australians (Tables 7.4 and 7.5), about 2.6 times the separation rate for other Australians. About 80% of the difference between these rates was due to higher separation rates for Indigenous Australians admitted for maintenance kidney dialysis (see Chapter 8).

The Northern Territory had the highest separation rate for Indigenous Australians (1,779 separations per 1,000), nearly 8 times the rate for other Australians (excludes private hospitals).

Under-identification of Indigenous persons

The AIHW report Indigenous identification in hospital separations data: quality report (AIHW, forthcoming) found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the ‘true’ number of separations for Indigenous Australians was about 9% higher than reported.

Using the agreed national correction factor of 1.09 (AIHW, forthcoming), the ‘true’ number of separations for Indigenous Australians for 2011–12 could be estimated at about 399,000 separations. As other Australians may include unidentified Aboriginal and Torres Strait Islander people, the ‘true’ number of separations for other Australians would be reduced and could be estimated at about 8,857,000 separations.

Using the same method (and assuming that the age distributions for unidentified and identified Indigenous Australians is similar), the ‘true’ separation rates for Indigenous Australians and other Australians for 2011–12 could be estimated as about 1,058 per 1,000 population and 378 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, Indigenous Australians were hospitalised at about 2.8 times the rate for other Australians.
Sex and age group

Table 7.6 presents separations by Indigenous status, sex and age group. In 2011–12:

- 57% of separations for Indigenous Australians were for females, compared with 52% for other Australians
- 12% of separations for Indigenous Australians were for people aged 65 and over, compared with 40% of separations for other Australians.

Table 7.6: Separations by Indigenous status, sex and age group, 2011–12

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Indigenous Australians</th>
<th>Other Australians(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>0−4</td>
<td>13,452</td>
<td>10,758</td>
</tr>
<tr>
<td>5−9</td>
<td>4,695</td>
<td>3,653</td>
</tr>
<tr>
<td>10−14</td>
<td>3,729</td>
<td>3,302</td>
</tr>
<tr>
<td>15−19</td>
<td>4,816</td>
<td>10,023</td>
</tr>
<tr>
<td>20−24</td>
<td>6,071</td>
<td>14,593</td>
</tr>
<tr>
<td>25−29</td>
<td>6,403</td>
<td>13,379</td>
</tr>
<tr>
<td>30−34</td>
<td>7,577</td>
<td>11,812</td>
</tr>
<tr>
<td>35−39</td>
<td>11,159</td>
<td>15,727</td>
</tr>
<tr>
<td>40−44</td>
<td>16,426</td>
<td>17,544</td>
</tr>
<tr>
<td>45−49</td>
<td>17,987</td>
<td>20,455</td>
</tr>
<tr>
<td>50−54</td>
<td>17,206</td>
<td>19,681</td>
</tr>
<tr>
<td>55−59</td>
<td>17,124</td>
<td>21,927</td>
</tr>
<tr>
<td>60−64</td>
<td>12,939</td>
<td>18,425</td>
</tr>
<tr>
<td>65+</td>
<td>18,218</td>
<td>27,034</td>
</tr>
<tr>
<td>Total(b)</td>
<td>157,803</td>
<td>208,314</td>
</tr>
</tbody>
</table>

(a) Other Australians includes separations for which Indigenous status was not reported.
(b) Total includes separations for which the age was not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 7.40 and 7.41 at the end of this chapter.

In 2011–12, separation rates for Indigenous males and females were higher than those for other males and females across all age groups (Figure 7.8). Separation rates for Indigenous Australians in older age groups are subject to variability because of the relatively small populations in these age groups.
State or territory of residence

The admitted patient care data includes information on the patient’s area of usual residence, including the state or territory of usual residence and the statistical local area.

Table 7.31 (at the end of this chapter) presents counts of separations by both the state or territory of hospitalisation and the state or territory of usual residence of the patient. For 2011–12, about 98% of separations (9.0 million) were for people who were hospitalised in their state or territory of residence. However, in the Australian Capital Territory, only 80% of hospital separations were for Australian Capital Territory residents, with most of the remainder for residents of New South Wales.

Remoteness area of residence

The statistical local area of usual residence can be used to derive the patient’s remoteness area of usual residence. Remoteness area categories divide Australia into areas depending on distances from population centres.

The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for persons residing in Remote and Very remote areas (454 and 594 per 1,000 population, respectively) (Table 7.7).

The separation rates for public and private sectors varied across remoteness areas. Very remote areas, which had the highest separation rate overall, had the highest rate for public hospital separations and the lowest rate for private hospital separations. Major cities had the lowest separation rate for public hospitals and the highest rate for private hospitals.
Table 7.7: Separations per 1,000 persons, by remoteness area of usual residence, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Remoteness area</th>
<th>Major cities</th>
<th>Inner regional</th>
<th>Outer regional</th>
<th>Remote</th>
<th>Very remote</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
<td>216.2</td>
<td>257.1</td>
<td>293.2</td>
<td>360.8</td>
<td>523.5</td>
<td>236.4</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>175.4</td>
<td>133.2</td>
<td>101.5</td>
<td>93.5</td>
<td>70.4</td>
<td>158.2</td>
</tr>
<tr>
<td>Total</td>
<td>391.5</td>
<td>390.3</td>
<td>394.7</td>
<td>454.3</td>
<td>593.9</td>
<td>394.6</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Socioeconomic status

Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (from SEIFA 2006) for the area of usual residence, or SLA, of the patient. See Appendix B for details.

In 2011–12, separation rates varied across SES groups and between public and private hospitals. Separation rates for patients living in areas classified as the lowest SES group were slightly above the overall rate. However, for this SES group, rates were relatively high for public hospitals and low for private hospitals (Table 7.7).

The separation rates for same-day separations versus overnight separations varied across SES groups (Tables 7.4 and 7.5). The highest rate of same-day separations occurred for patients living in areas classified as being in the three highest SES groups. The highest rate of overnight separations occurred for patients living in areas classified as being in the lowest SES group.

Table 7.8: Separations per 1,000 population by socioeconomic status of area of residence, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Socioeconomic status of area of residence</th>
<th>1–Lowest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5–Highest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
<td>304.5</td>
<td>259.8</td>
<td>252.3</td>
<td>206.7</td>
<td>151.6</td>
<td>236.5</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>102.9</td>
<td>128.5</td>
<td>155.5</td>
<td>177.9</td>
<td>227.4</td>
<td>158.3</td>
</tr>
<tr>
<td>Total</td>
<td>407.4</td>
<td>388.3</td>
<td>407.9</td>
<td>384.6</td>
<td>379.0</td>
<td>394.8</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How did people access these services?

The mode of admission records the mechanism by which an admitted patient begins an episode of care. Patients may have the following modes of admission:

- **Admitted patient transferred from another hospital**
- **Statistical admission: care type change** — where a new admitted patient episode is created as a result of a change in the clinical intent of care (for example, a patient’s care may move from a focus on acute care to a focus on rehabilitation or palliative care), within the same hospital
- **Other** — the term used to refer to all other planned and unplanned admissions.

In 2011–12, most separations in both public and private hospitals had a mode of admission of **Other** (94%). Public hospitals had a higher proportion of transfers than private hospitals.
(4.8% and 2.8%, respectively). Public hospitals also reported higher proportions of *statistical admissions* than private hospitals (1.8% and 0.5%, respectively) (Table 7.9).

### Table 7.9: Separations by mode of admission, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Mode of admission</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient transferred from another hospital</td>
<td>261,850</td>
<td>103,329</td>
<td>365,179</td>
</tr>
<tr>
<td>Statistical admission: type change</td>
<td>96,644</td>
<td>18,888</td>
<td>115,532</td>
</tr>
<tr>
<td>Other</td>
<td>5,141,488</td>
<td>3,575,640</td>
<td>8,717,128</td>
</tr>
<tr>
<td>Not reported</td>
<td>11,510</td>
<td>46,820</td>
<td>58,330</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,511,492</strong></td>
<td><strong>3,744,677</strong></td>
<td><strong>9,256,169</strong></td>
</tr>
</tbody>
</table>

*Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in Table 7.34 at the end of this chapter.*

### Why did people receive the care?

The reason that a patient receives admitted patient care is usually described in terms of the principal diagnosis.

Where a patient has a diagnosis related to injury and poisoning, additional information is available on the cause of the injury (for example, a traffic accident or fall). In some cases, the principal diagnosis is described in terms of a treatment for an ongoing condition (for example, care involving dialysis).

### Principal diagnosis

In 2011–12, more than one-quarter of separations in public and private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter, which includes care involving dialysis and chemotherapy (Table 7.10).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, about 82% of separations for *injury, poisoning and certain other consequences of external causes* were from public hospitals and more than 71% of separations for *Diseases of the eye and adnexa* were from private hospitals.
### Table 7.10: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A00–B99 Certain infectious and parasitic diseases</strong></td>
<td>118,567</td>
<td>22,669</td>
<td>141,236</td>
</tr>
<tr>
<td><strong>C00–D48 Neoplasms</strong></td>
<td>277,455</td>
<td>317,824</td>
<td>595,279</td>
</tr>
<tr>
<td><strong>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</strong></td>
<td>87,832</td>
<td>46,274</td>
<td>134,106</td>
</tr>
<tr>
<td><strong>E00–E89 Endocrine, nutritional and metabolic diseases</strong></td>
<td>85,159</td>
<td>42,590</td>
<td>127,749</td>
</tr>
<tr>
<td><strong>F00–F99 Mental and behavioural disorders</strong></td>
<td>191,051</td>
<td>154,068</td>
<td>345,119</td>
</tr>
<tr>
<td><strong>G00–G99 Diseases of the nervous system</strong></td>
<td>136,647</td>
<td>100,113</td>
<td>236,760</td>
</tr>
<tr>
<td><strong>H00–H59 Diseases of the eye and adnexa</strong></td>
<td>93,214</td>
<td>230,298</td>
<td>323,512</td>
</tr>
<tr>
<td><strong>H60–H95 Diseases of the ear and mastoid process</strong></td>
<td>31,839</td>
<td>28,853</td>
<td>60,692</td>
</tr>
<tr>
<td><strong>I00–I99 Diseases of the circulatory system</strong></td>
<td>345,790</td>
<td>178,015</td>
<td>523,805</td>
</tr>
<tr>
<td><strong>J00–J99 Diseases of the respiratory system</strong></td>
<td>311,438</td>
<td>92,567</td>
<td>404,005</td>
</tr>
<tr>
<td><strong>K00–K93 Diseases of the digestive system</strong></td>
<td>424,085</td>
<td>496,716</td>
<td>920,801</td>
</tr>
<tr>
<td><strong>L00–L99 Diseases of the skin and subcutaneous tissue</strong></td>
<td>107,370</td>
<td>46,858</td>
<td>154,228</td>
</tr>
<tr>
<td><strong>M00–M99 Diseases of the musculoskeletal system and connective tissue</strong></td>
<td>189,827</td>
<td>304,401</td>
<td>494,228</td>
</tr>
<tr>
<td><strong>N00–N99 Diseases of the genitourinary system</strong></td>
<td>246,312</td>
<td>184,569</td>
<td>430,881</td>
</tr>
<tr>
<td><strong>O00–Q99 Pregnancy, childbirth and the puerperium</strong></td>
<td>343,408</td>
<td>147,499</td>
<td>490,907</td>
</tr>
<tr>
<td><strong>P00–P96 Certain conditions originating in the perinatal period</strong></td>
<td>51,476</td>
<td>12,082</td>
<td>63,558</td>
</tr>
<tr>
<td><strong>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</strong></td>
<td>25,425</td>
<td>10,836</td>
<td>36,261</td>
</tr>
<tr>
<td><strong>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</strong></td>
<td>449,988</td>
<td>206,534</td>
<td>656,522</td>
</tr>
<tr>
<td><strong>S00–T98 Injury, poisoning and certain other consequences of external causes</strong></td>
<td>492,407</td>
<td>111,585</td>
<td>603,992</td>
</tr>
<tr>
<td><strong>Z00–Z99 Factors influencing health status and contact with health services</strong></td>
<td>1,499,539</td>
<td>1,009,137</td>
<td>2,508,676</td>
</tr>
<tr>
<td><strong>Not reported</strong></td>
<td>2,663</td>
<td>1,189</td>
<td>3,852</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,511,492</td>
<td>3,744,677</td>
<td>9,256,169</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

**Aboriginal and Torres Strait Islander people**

More than 48% of separations for Indigenous Australians were for *Factors influencing health status and contact with health services*, compared with 26% for other Australians (Table 7.11). *Injury, poisoning and certain other consequences of external causes* was the second most common principal diagnosis among Indigenous Australians, accounting for 7.2% of separations for Indigenous Australians.
### Table 7.11: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Indigenous Australians</th>
<th>Other Australians (a)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>5,990</td>
<td>135,246</td>
<td>141,236</td>
</tr>
<tr>
<td>C00–D48 Neoplasms</td>
<td>5,240</td>
<td>590,039</td>
<td>595,279</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>2,056</td>
<td>132,050</td>
<td>134,106</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>5,269</td>
<td>122,480</td>
<td>127,749</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>15,009</td>
<td>330,110</td>
<td>345,119</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>4,624</td>
<td>232,136</td>
<td>236,760</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>2,603</td>
<td>320,909</td>
<td>323,512</td>
</tr>
<tr>
<td>H60–H95 Diseases of the ear and mastoid process</td>
<td>2,584</td>
<td>58,108</td>
<td>60,692</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>10,992</td>
<td>512,813</td>
<td>523,805</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>21,265</td>
<td>382,740</td>
<td>404,005</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>18,297</td>
<td>902,504</td>
<td>920,801</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>7,994</td>
<td>146,234</td>
<td>154,228</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>6,880</td>
<td>487,348</td>
<td>494,228</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>9,387</td>
<td>421,494</td>
<td>430,881</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>21,989</td>
<td>468,918</td>
<td>490,907</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>3,975</td>
<td>59,583</td>
<td>63,558</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>1,222</td>
<td>35,039</td>
<td>36,261</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>17,438</td>
<td>639,084</td>
<td>656,522</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>26,426</td>
<td>577,566</td>
<td>603,992</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>176,429</td>
<td>2,332,247</td>
<td>2,508,676</td>
</tr>
<tr>
<td>Not reported</td>
<td>449</td>
<td>3,403</td>
<td>3,852</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>366,118</strong></td>
<td><strong>8,890,051</strong></td>
<td><strong>9,256,169</strong></td>
</tr>
</tbody>
</table>

(a) Other Australians includes separations for which the Indigenous status was not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

### How many separations were due to injury and poisoning?

Some hospitalisations for injury or poisoning may be considered potentially avoidable. It should be noted that the admitted patient care data provide only a partial picture of the overall burden of injury because it does not include injuries treated by general practitioners and in the emergency departments that do not require admission to hospital.

In 2011–12, about 604,000 separations had a principal diagnosis of *Injury, poisoning and certain other consequences of external causes*. The majority (82%) of these were treated in public hospitals (Table 7.12). About 45% of these separations had a principal diagnosis of *Injuries to upper and lower limbs*.  

---

Australian hospital statistics 2011–12 129
Table 7.12: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2011-12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>S00–S19 Injuries to head and neck</td>
<td>90,886</td>
<td>7,237</td>
<td>98,123</td>
</tr>
<tr>
<td>S20–S39 Injuries to thorax, abdomen, back, spine and pelvis</td>
<td>46,447</td>
<td>5,879</td>
<td>52,326</td>
</tr>
<tr>
<td>S40–S99 Injuries to upper and lower limbs</td>
<td>216,516</td>
<td>55,441</td>
<td>271,957</td>
</tr>
<tr>
<td>T00–T19 Injuries to multi- or unspecified region; foreign body effects</td>
<td>11,227</td>
<td>1,463</td>
<td>12,690</td>
</tr>
<tr>
<td>T20–T35 Burns and frostbite</td>
<td>8,386</td>
<td>245</td>
<td>8,631</td>
</tr>
<tr>
<td>T36–T65 Poisoning and toxic effects</td>
<td>39,137</td>
<td>494</td>
<td>39,631</td>
</tr>
<tr>
<td>T66–T79 Other and unspecified effects of external causes</td>
<td>12,435</td>
<td>800</td>
<td>13,235</td>
</tr>
<tr>
<td>T80–T88 Complications of medical and surgical care</td>
<td>67,262</td>
<td>39,977</td>
<td>107,239</td>
</tr>
<tr>
<td>T89–T98 Other trauma complications; external cause sequelae</td>
<td>111</td>
<td>49</td>
<td>160</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>492,407</strong></td>
<td><strong>111,585</strong></td>
<td><strong>603,992</strong></td>
</tr>
</tbody>
</table>

Separations per 1,000 population

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21.5</strong></td>
<td><strong>4.8</strong></td>
<td><strong>26.2</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Indigenous Australians were hospitalised with a principal diagnosis of injury and poisoning at about twice the rate of other Australians (Table 7.13). Injuries to the head and neck accounted for 26% of these separations for Indigenous Australians and 16% for other Australians. Complications of medical and surgical care accounted for a higher proportion of these separations for other Australians (18%) compared with Indigenous Australians (12%).

Table 7.13: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, 2011-12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Indigenous Australians</th>
<th>Other Australians (a)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>S00–S19 Injuries to head and neck</td>
<td>6,835</td>
<td>91,288</td>
<td>98,123</td>
</tr>
<tr>
<td>S20–S39 Injuries to thorax, abdomen, back, spine and pelvis</td>
<td>1,970</td>
<td>50,356</td>
<td>52,326</td>
</tr>
<tr>
<td>S40–S99 Injuries to upper and lower limbs</td>
<td>10,349</td>
<td>261,608</td>
<td>271,957</td>
</tr>
<tr>
<td>T00–T19 Injuries to multi- or unspecified region; foreign body effects</td>
<td>541</td>
<td>12,149</td>
<td>12,690</td>
</tr>
<tr>
<td>T20–T35 Burns and frostbite</td>
<td>765</td>
<td>7,866</td>
<td>8,631</td>
</tr>
<tr>
<td>T36–T65 Poisoning and toxic effects</td>
<td>2,165</td>
<td>37,466</td>
<td>39,631</td>
</tr>
<tr>
<td>T66–T79 Other and unspecified effects of external causes</td>
<td>629</td>
<td>12,606</td>
<td>13,235</td>
</tr>
<tr>
<td>T80–T88 Complications of medical and surgical care</td>
<td>3,148</td>
<td>104,091</td>
<td>107,239</td>
</tr>
<tr>
<td>T89–T98 Other trauma complications; external cause sequelae</td>
<td>24</td>
<td>136</td>
<td>160</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,426</strong></td>
<td><strong>577,566</strong></td>
<td><strong>603,992</strong></td>
</tr>
</tbody>
</table>

Separations per 1,000 population

<table>
<thead>
<tr>
<th></th>
<th>Indigenous Australians</th>
<th>Other Australians (a)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>53.1</strong></td>
<td><strong>25.9</strong></td>
<td><strong>26.2</strong></td>
<td></td>
</tr>
</tbody>
</table>

(a) Other Australians includes separations for which the Indigenous status was not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
What were the causes of injury and poisoning?

An external cause is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. External causes may also be required for other selected diagnoses.

A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded (AIHW 2012f).

In 2011–12, there were 1.1 million separations for which an external cause of injury or poisoning was reported (Table 7.14). Some of these adverse events may be related to additional diagnoses, particularly for Complications of medical and surgical care.

About 77% of these separations were from public hospitals. The most frequently reported groups of external causes in both public and private hospitals were Complications of medical and surgical care and Falls. Public hospitals had notably higher proportions of separations with external causes of Intentional self-harm and Assault than private hospitals.

Table 7.14: Separations, by external cause in ICD-10-AM groupings, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>External cause</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>V00–V99 Transport accidents</td>
<td>63,468</td>
<td>8,571</td>
<td>72,039</td>
</tr>
<tr>
<td>W00–W19 Falls</td>
<td>239,694</td>
<td>53,041</td>
<td>292,735</td>
</tr>
<tr>
<td>W20–W64 Exposure to mechanical forces</td>
<td>96,215</td>
<td>12,251</td>
<td>108,466</td>
</tr>
<tr>
<td>W65–W74 Accidental drowning and submersion</td>
<td>583</td>
<td>24</td>
<td>607</td>
</tr>
<tr>
<td>W75–W84 Other accidental threats to breathing</td>
<td>12,806</td>
<td>1,553</td>
<td>14,359</td>
</tr>
<tr>
<td>W85–W99 Exposure to electricity, radiation, extreme temperature/pressure</td>
<td>1,256</td>
<td>140</td>
<td>1,396</td>
</tr>
<tr>
<td>X00–X19 Exposure to smoke, fire, flames, hot substances</td>
<td>8,738</td>
<td>440</td>
<td>9,178</td>
</tr>
<tr>
<td>X20–X39 Exposure to venomous plants, animals, forces of nature</td>
<td>5,250</td>
<td>327</td>
<td>5,577</td>
</tr>
<tr>
<td>X40–X49 Accidental poisoning</td>
<td>12,407</td>
<td>669</td>
<td>13,076</td>
</tr>
<tr>
<td>X50–X59 Other external causes of accidental injury</td>
<td>44,718</td>
<td>40,769</td>
<td>85,487</td>
</tr>
<tr>
<td>X60–X84 Intentional self-harm</td>
<td>32,724</td>
<td>778</td>
<td>33,502</td>
</tr>
<tr>
<td>X85–Y99 Assault</td>
<td>26,101</td>
<td>464</td>
<td>26,565</td>
</tr>
<tr>
<td>Y10–Y34 Events of undetermined intent</td>
<td>7,311</td>
<td>309</td>
<td>7,620</td>
</tr>
<tr>
<td>Y35–Y36 Legal intervention and operations of war</td>
<td>170</td>
<td>436</td>
<td>606</td>
</tr>
<tr>
<td>Y40–Y84 Complications of medical and surgical care</td>
<td>303,644</td>
<td>135,986</td>
<td>439,630</td>
</tr>
<tr>
<td>Y85–Y98 Sequelae and supplementary factors</td>
<td>28,548</td>
<td>8,359</td>
<td>36,907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>835,547</strong></td>
<td><strong>255,534</strong></td>
<td><strong>1,091,081</strong></td>
</tr>
</tbody>
</table>

(a) As more than one external cause can be reported for a separation, the totals may not equal the sums of the columns.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

More information on the place of occurrence and the activity when injured is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.
Aboriginal and Torres Strait Islander people

Complications of medical and surgical care was the most commonly reported external cause of injury and poisoning for hospitalisations for Indigenous Australians. Assault accounted for 18% of external causes reported for Indigenous Australians, compared with 2% of external causes reported for other Australians (Table 7.15).

Table 7.15: Separations, by external cause in ICD-10-AM groupings and Indigenous status, 2011–12

<table>
<thead>
<tr>
<th>External cause</th>
<th>Indigenous Australians</th>
<th>Other Australians(a)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>V00–V99 Transport accidents</td>
<td>2,513</td>
<td>69,526</td>
<td>72,039</td>
</tr>
<tr>
<td>W00–W19 Falls</td>
<td>6,720</td>
<td>286,015</td>
<td>292,735</td>
</tr>
<tr>
<td>W20–W64 Exposure to mechanical forces</td>
<td>5,416</td>
<td>103,050</td>
<td>108,466</td>
</tr>
<tr>
<td>W65–W74 Accidental drowning and submersion</td>
<td>40</td>
<td>567</td>
<td>607</td>
</tr>
<tr>
<td>W75–W84 Other accidental threats to breathing</td>
<td>425</td>
<td>13,934</td>
<td>14,359</td>
</tr>
<tr>
<td>W85–W99 Exposure to electricity, radiation, extreme temperature/pressure</td>
<td>26</td>
<td>1,370</td>
<td>1,396</td>
</tr>
<tr>
<td>X00–X19 Exposure to smoke, fire, flames, hot substances</td>
<td>792</td>
<td>8,386</td>
<td>9,178</td>
</tr>
<tr>
<td>X20–X39 Exposure to venomous plants, animals, forces of nature</td>
<td>259</td>
<td>5,318</td>
<td>5,577</td>
</tr>
<tr>
<td>X40–X49 Accidental poisoning</td>
<td>728</td>
<td>12,348</td>
<td>13,076</td>
</tr>
<tr>
<td>X50–X59 Other external causes of accidental injury</td>
<td>2,356</td>
<td>83,131</td>
<td>85,487</td>
</tr>
<tr>
<td>X60–X84 Intentional self-harm</td>
<td>2,326</td>
<td>31,176</td>
<td>33,502</td>
</tr>
<tr>
<td>X85–Y09 Assault</td>
<td>6,970</td>
<td>19,595</td>
<td>26,565</td>
</tr>
<tr>
<td>Y10–Y34 Events of undetermined intent</td>
<td>547</td>
<td>7,073</td>
<td>7,620</td>
</tr>
<tr>
<td>Y35–Y36 Legal intervention and operations of war</td>
<td>36</td>
<td>570</td>
<td>606</td>
</tr>
<tr>
<td>Y40–Y84 Complications of medical and surgical care</td>
<td>9,770</td>
<td>429,860</td>
<td>439,630</td>
</tr>
<tr>
<td>Y85–Y98 Sequelae and supplementary factors</td>
<td>1,878</td>
<td>35,029</td>
<td>36,907</td>
</tr>
<tr>
<td><strong>Total</strong>(b)</td>
<td><strong>38,973</strong></td>
<td><strong>1,052,108</strong></td>
<td><strong>1,091,081</strong></td>
</tr>
</tbody>
</table>

(a) Other Australians includes separations for which the Indigenous status was not reported.
(b) As more than one external cause can be reported for a separation, the total may not equal the sum of the column.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How many separations were potentially preventable?

The rate of potentially preventable hospitalisations (PPHs) is a NHA performance indicator, relating to the outcome *Australians receive appropriate high quality and affordable primary and community health services*. The proportion of total separations that were for PPHs is an NHA benchmark.

PPHs are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need.

There are three broad categories of PPHs. These were originally sourced from the Victorian Ambulatory Care Sensitive Conditions Study (DHS, Victoria 2002) and are classified as:

- **Vaccine-preventable.** These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
• **Acute.** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis; dehydration/gastroenteritis; pyelonephritis; perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.

• **Chronic.** These conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

In 2011–12, more than 672,000 separations in public and private hospitals were classified as PPHs (Table 7.16). PPHs accounted for 7.3% of all hospital separations, 9.4% of public hospital separations and 4.2% of private hospital separations. More than three-quarters of PPHs (77%) were reported for public hospitals.

### Table 7.16: Separations for potentially preventable hospitalisations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>PPH category</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine preventable conditions</td>
<td>16,478</td>
<td>2,639</td>
<td>19,117</td>
</tr>
<tr>
<td>Acute conditions</td>
<td>252,488</td>
<td>89,790</td>
<td>342,278</td>
</tr>
<tr>
<td>Chronic conditions (excluding diabetes)</td>
<td>249,563</td>
<td>64,427</td>
<td>313,990</td>
</tr>
<tr>
<td>Diabetes complications</td>
<td>61,749</td>
<td>25,202</td>
<td>86,951</td>
</tr>
<tr>
<td>Chronic conditions</td>
<td>194,668</td>
<td>40,534</td>
<td>235,202</td>
</tr>
<tr>
<td>Total</td>
<td>515,743</td>
<td>156,509</td>
<td>672,252</td>
</tr>
</tbody>
</table>

Proportion of total separations (%)  

<table>
<thead>
<tr>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4</td>
<td>4.2</td>
<td>7.3</td>
</tr>
</tbody>
</table>

(a) As more than one chronic condition may be reported for a separation, the sum of Diabetes complications and Chronic conditions (excluding diabetes) does not necessarily equal the total number of separations for Chronic conditions.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by residence state is in Table 7.37 at the end of this chapter.

Between 2010–11 and 2011–12, there was a 3.1% increase in PPHs overall, mostly due to increases in the number of hospitalisations for Acute conditions (4.9%). Hospitalisations for Vaccine preventable conditions also increased by 9.1% over this period.

Table 7.17 shows a sharp decrease in Diabetes complications between 2009–10 and 2010–11 that was bigger than the decrease for Chronic conditions overall in the same period. This reflected changes in coding standards for diabetes-related conditions that took effect from 1 July 2010 (for 7th edition ICD-10-AM/ACHI). See Appendix B for more information.

In addition, changes in coding standards between 2007–08 and 2008–09 (for 6th edition ICD-10-AM/ACHI) for diabetes complications are likely to have contributed to marked decreases in the rates of reported PPHs over this period.
Table 7.17: Separations per 1,000 population for potentially preventable hospitalisations, by PPH category, all hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine preventable conditions</td>
<td>0.7</td>
<td>0.7</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
<td>3.7</td>
<td>9.1</td>
</tr>
<tr>
<td>Acute conditions</td>
<td>11.2</td>
<td>11.3</td>
<td>11.4</td>
<td>14.2</td>
<td>14.9</td>
<td>7.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Chronic conditions&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>19.4</td>
<td>16.6</td>
<td>15.9</td>
<td>12.9</td>
<td>13.0</td>
<td>-9.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Diabetes complications&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>10.7</td>
<td>7.8</td>
<td>7.1</td>
<td>3.7</td>
<td>3.6</td>
<td>-23.7</td>
<td>-0.8</td>
</tr>
<tr>
<td>Chronic conditions (excluding diabetes)</td>
<td>9.8</td>
<td>9.5</td>
<td>9.3</td>
<td>9.6</td>
<td>9.7</td>
<td>-0.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>33.4</td>
<td>30.8</td>
<td>30.3</td>
<td>27.8</td>
<td>28.6</td>
<td>-3.8</td>
<td>3.1</td>
</tr>
</tbody>
</table>

PPH—potentially preventable hospitalisation.

(a) As more than one chronic condition may be reported for a separation, the sum of Diabetes complications and Chronic conditions (excluding diabetes) does not necessarily equal the total number of separations for Chronic conditions.

(b) Changes in coding standards for the recording of diabetes-related conditions took effect from 1 July 2008 and 1 July 2010. See Appendix B for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

For 2011–12, the overall rate of PPHs was highest for residents of Remote and Very remote areas (56 and 67 per 1,000 population, respectively) and lowest for residents of Major cities (27 per 1,000 population). Notably high rates for Diabetes complications were reported for residents of Remote and Very remote areas (16 and 13 per 1,000 population respectively).

The rate of PPH separations generally decreased with increasing levels of advantage (Table 7.18), ranging from 22 per 1,000 for residents of areas classified as being in the highest SES group to 35 per 1,000 for residents of areas classified as being in the lowest SES group.

Table 7.18: Separations per 1,000 population for potentially preventable hospitalisations, by remoteness area and socioeconomic status of area of residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Remoteness</th>
<th>Vaccine-preventable conditions</th>
<th>Acute conditions</th>
<th>Total chronic conditions&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Diabetes complications</th>
<th>Chronic conditions (excluding diabetes)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>0.8</td>
<td>13.9</td>
<td>12.1</td>
<td>3.4</td>
<td>9.0</td>
<td>26.6</td>
</tr>
<tr>
<td>Inner regional</td>
<td>0.7</td>
<td>16.2</td>
<td>13.3</td>
<td>3.4</td>
<td>10.3</td>
<td>30.1</td>
</tr>
<tr>
<td>Outer regional</td>
<td>0.9</td>
<td>17.6</td>
<td>15.0</td>
<td>3.8</td>
<td>11.6</td>
<td>33.4</td>
</tr>
<tr>
<td>Remote</td>
<td>1.7</td>
<td>24.2</td>
<td>30.6</td>
<td>16.0</td>
<td>15.0</td>
<td>56.2</td>
</tr>
<tr>
<td>Very remote</td>
<td>3.0</td>
<td>31.1</td>
<td>33.8</td>
<td>13.1</td>
<td>21.7</td>
<td>67.1</td>
</tr>
<tr>
<td>Socioeconomic status of area of residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–Lowest</td>
<td>1.1</td>
<td>16.8</td>
<td>17.5</td>
<td>5.6</td>
<td>12.3</td>
<td>35.2</td>
</tr>
<tr>
<td>2</td>
<td>0.8</td>
<td>15.5</td>
<td>13.8</td>
<td>3.5</td>
<td>10.6</td>
<td>30.0</td>
</tr>
<tr>
<td>3</td>
<td>0.8</td>
<td>15.7</td>
<td>14.1</td>
<td>4.4</td>
<td>10.1</td>
<td>30.5</td>
</tr>
<tr>
<td>4</td>
<td>0.7</td>
<td>13.9</td>
<td>11.0</td>
<td>2.7</td>
<td>8.5</td>
<td>25.5</td>
</tr>
<tr>
<td>5–Highest</td>
<td>0.6</td>
<td>12.7</td>
<td>8.4</td>
<td>1.9</td>
<td>6.7</td>
<td>21.7</td>
</tr>
<tr>
<td>Total</td>
<td>0.8</td>
<td>14.9</td>
<td>13.0</td>
<td>3.6</td>
<td>9.7</td>
<td>28.6</td>
</tr>
</tbody>
</table>

(a) As more than one chronic condition may be reported for a separation, the sum of Diabetes complications and Chronic conditions (excluding diabetes) does not necessarily equal the total number of separations for Chronic conditions.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
More information about individual PPH conditions by state of residence, remoteness are of residence and socioeconomic status of area of residence is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

**How urgent was the care?**

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (includes elective and other planned care).

Table 7.19 includes information on urgency of admission and whether the separations were considered to be *Childbirth*, *Specialist mental health*, *Surgical*, *Medical* and *Other*. See the section ‘What care was provided?’ for more information on these types of care.

In 2011–12, 68% of separations were *Non-emergency* admissions, accounting for about 86% of same-day separations and 42% of overnight separations. Private hospitals accounted for about 53% of *Non-emergency* admissions and public hospitals accounted for about 92% of *Emergency* admissions (Table 7.19).

**Table 7.19: Same-day and overnight separations by broad category of service and urgency of admission, public and private hospitals, states and territories, 2011–12**

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same-day separations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td>8,034</td>
<td>135</td>
<td>8,169</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>15,967</td>
<td>107,574</td>
<td>123,541</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>22,403</td>
<td>4,807</td>
<td>27,210</td>
</tr>
<tr>
<td>Medical</td>
<td>560,454</td>
<td>10,932</td>
<td>571,386</td>
</tr>
<tr>
<td>Other</td>
<td>4,457</td>
<td>3,488</td>
<td>7,945</td>
</tr>
<tr>
<td><strong>Non-emergency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>358,508</td>
<td>801,068</td>
<td>1,159,576</td>
</tr>
<tr>
<td>Medical</td>
<td>1,582,292</td>
<td>938,322</td>
<td>2,520,614</td>
</tr>
<tr>
<td>Other</td>
<td>254,678</td>
<td>705,735</td>
<td>960,413</td>
</tr>
<tr>
<td><strong>Total same-day separations</strong></td>
<td>2,806,793</td>
<td>2,572,061</td>
<td>5,378,854</td>
</tr>
<tr>
<td><strong>Overnight separations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td>210,869</td>
<td>80,647</td>
<td>291,516</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>93,167</td>
<td>32,517</td>
<td>125,684</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>234,477</td>
<td>33,871</td>
<td>268,348</td>
</tr>
<tr>
<td>Medical</td>
<td>1,341,696</td>
<td>135,467</td>
<td>1,477,163</td>
</tr>
<tr>
<td>Other</td>
<td>55,507</td>
<td>12,204</td>
<td>67,711</td>
</tr>
<tr>
<td><strong>Non-emergency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>336,731</td>
<td>547,940</td>
<td>884,671</td>
</tr>
<tr>
<td>Medical</td>
<td>408,962</td>
<td>289,566</td>
<td>698,528</td>
</tr>
<tr>
<td>Other</td>
<td>23,127</td>
<td>40,404</td>
<td>63,531</td>
</tr>
<tr>
<td><strong>Total overnight separations</strong></td>
<td>2,704,699</td>
<td>1,172,616</td>
<td>3,877,315</td>
</tr>
<tr>
<td><strong>Total separations</strong></td>
<td>5,511,492</td>
<td>3,744,677</td>
<td>9,256,169</td>
</tr>
</tbody>
</table>

*Note:* See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 7.35 and 7.36 at the end of this chapter.
The numbers presented in Table 7.19 do not match those presented in chapters 8 and 9 due to the inclusion of care types other than acute in Table 7.19.

**What care was provided?**

The care that is provided can be described in terms of:

- the broad category of service—*Childbirth, Specialist mental health, Medical, Surgical or Other*
- the intent of care—acute, sub-acute (such as *Rehabilitation* or *Palliative*) or non-acute (such as *Maintenance* care)
- Major Diagnostic Categories and AR-DRGs—based on the AR-DRG classification of acute care separations.

**Broad category of service**

This section presents information describing care by the following broad categories of service:

- **Childbirth**: separations for which the AR-DRG was associated with childbirth (does not include newborn care).
- **Specialist mental health**: separations for which specialised psychiatric care days were reported, excluding separations for *Childbirth*.
- **Surgical**: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- **Medical**: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- **Other**: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

In 2011–12, more than 17% of separations in public hospitals were for *Surgical* care and 71% were for *Medical* care, compared with 37% each for both *Surgical* and *Medical* care in private hospitals (Table 7.20). Overall, about 3.2% of separations were for *Childbirth*.

There were about 249,000 separations for *Specialist mental health care*. Private hospitals provided about 56% of these, accounting for 87% of same-day separations and 26% of overnight separations for *Specialist mental health care*.

**Care type**

The **care type** describes the overall nature of a clinical service provided to an admitted patient during an episode of care.

The care type can be classified as *Acute, Rehabilitation, Palliative, Geriatric evaluation and management, Psychogeriatric, Maintenance, Newborn* and *Other admitted patient care*.

For public and private sectors combined, 94% of separations were classified as episodes of *Acute* care, 0.9% as *Newborn* (with qualified days) and 3.5% as *Rehabilitation* care (Table 7.20). Public and private sectors varied in the proportions of separations, separation rates, patient days and days per 1,000 population for each care type.
In public hospitals, the average length of stay for episodes of *Acute* care (2.9 days) was longer than that for private hospitals (2.1 days). The average length of stay for *Rehabilitation* care was 17.0 days in public hospitals, and 4.6 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in the private sector, as well as a number of very long stay rehabilitation separations in the public sector. More information on sub- and non-acute care is in Chapter 11.

Table 7.20: Selected separation statistics by care type, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Care type and sector</th>
<th>Separations</th>
<th>Separations per 1,000 population</th>
<th>Patient days</th>
<th>Patient days per 1,000 population</th>
<th>Average length of stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care</td>
<td>5,255,045</td>
<td>225.7</td>
<td>15,143,864</td>
<td>642.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Newborn total</td>
<td>237,278</td>
<td>10.8</td>
<td>907,502</td>
<td>38.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Newborn with qualified days only</td>
<td>64,014</td>
<td>2.9</td>
<td>468,449</td>
<td>21.2</td>
<td>7.3</td>
</tr>
<tr>
<td>Newborn with a mixture of qualified and unqualified days</td>
<td>10,058</td>
<td>0.5</td>
<td>31,711</td>
<td>1.4</td>
<td>3.2</td>
</tr>
<tr>
<td>Rehabilitation care</td>
<td>95,562</td>
<td>3.9</td>
<td>1,627,134</td>
<td>67.3</td>
<td>17.0</td>
</tr>
<tr>
<td>Other non-acute care</td>
<td>86,813</td>
<td>3.4</td>
<td>1,719,878</td>
<td>68.2</td>
<td>19.8</td>
</tr>
<tr>
<td>Total</td>
<td>5,511,492</td>
<td>236.4</td>
<td>18,991,036</td>
<td>801.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care</td>
<td>3,484,968</td>
<td>147.6</td>
<td>7,405,918</td>
<td>309.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Newborn total</td>
<td>64,585</td>
<td>2.9</td>
<td>310,919</td>
<td>13.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Newborn with qualified days only</td>
<td>15,812</td>
<td>0.7</td>
<td>104,212</td>
<td>4.7</td>
<td>6.6</td>
</tr>
<tr>
<td>Newborn with a mixture of qualified and unqualified days</td>
<td>2,047</td>
<td>0.1</td>
<td>7,982</td>
<td>0.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Rehabilitation care</td>
<td>226,887</td>
<td>9.2</td>
<td>1,051,109</td>
<td>41.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Other non-acute care</td>
<td>14,963</td>
<td>0.6</td>
<td>175,993</td>
<td>6.9</td>
<td>11.8</td>
</tr>
<tr>
<td>Total</td>
<td>3,744,677</td>
<td>158.2</td>
<td>8,745,214</td>
<td>363.4</td>
<td>2.3</td>
</tr>
<tr>
<td>All hospitals</td>
<td>9,256,160</td>
<td>394.6</td>
<td>27,736,250</td>
<td>1,164.3</td>
<td>3.0</td>
</tr>
</tbody>
</table>

(a) For Newborns with a mixture of qualified and unqualified days, the number of patient days includes only the qualified days for these separations. Unqualified days for these separations are not included in counts of patient days in this report.

(b) The totals do not include separations and unqualified days for Newborns (without qualified days). For information on Newborn (without qualified days), see tables 7.32 and 7.33.

(c) Includes separations for Palliative care, Geriatric evaluation and management, Psychogeriatric care, Maintenance care and Other admitted patient care.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 7.32 and 7.33 at the end of this chapter.

**Major Diagnostic Categories**

The AR-DRG classification contains 23 Major Diagnostic Categories (MDCs).

Table 7.21 presents acute separations by MDCs for public and private hospitals. *Diseases and disorders of the kidney and urinary tract* accounted for 23% of acute separations for public hospitals and *Diseases and disorders of the digestive system* was the most common MDC for private hospitals. About 69% of acute separations for *Diseases and disorders of the eye* were from private hospitals.
Table 7.21: Separation\(^{(a)}\) statistics, by Major Diagnostic Category version 6.0x and Medical/Surgical/Other partition, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Separations</td>
<td>Cost by volume ($'000)(^{(b)})</td>
</tr>
<tr>
<td>PR</td>
<td>12,928</td>
<td>201,461</td>
</tr>
<tr>
<td>01 Diseases and disorders of the nervous system</td>
<td>267,441</td>
<td>1,393,291</td>
</tr>
<tr>
<td>02 Diseases and disorders of the eye</td>
<td>105,346</td>
<td>119,746</td>
</tr>
<tr>
<td>03 Diseases and disorders of the ear, nose, mouth and throat</td>
<td>196,032</td>
<td>476,440</td>
</tr>
<tr>
<td>04 Diseases and disorders of the respiratory system</td>
<td>303,587</td>
<td>1,479,669</td>
</tr>
<tr>
<td>05 Diseases and disorders of the circulatory system</td>
<td>448,969</td>
<td>1,755,728</td>
</tr>
<tr>
<td>06 Diseases and disorders of the digestive system</td>
<td>541,154</td>
<td>1,341,529</td>
</tr>
<tr>
<td>07 Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>98,651</td>
<td>558,235</td>
</tr>
<tr>
<td>08 Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>393,748</td>
<td>2,272,503</td>
</tr>
<tr>
<td>09 Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>201,375</td>
<td>739,080</td>
</tr>
<tr>
<td>10 Endocrine, nutritional and metabolic diseases and disorders</td>
<td>76,610</td>
<td>331,248</td>
</tr>
<tr>
<td>11 Diseases and disorders of the kidney and urinary tract</td>
<td>1,223,126</td>
<td>1,607,933</td>
</tr>
<tr>
<td>12 Diseases and disorders of the male reproductive system</td>
<td>46,138</td>
<td>87,696</td>
</tr>
<tr>
<td>13 Diseases and disorders of the female reproductive system</td>
<td>118,640</td>
<td>233,988</td>
</tr>
<tr>
<td>14 Pregnancy, childbirth and puerperium</td>
<td>362,244</td>
<td>1,492,924</td>
</tr>
<tr>
<td>15 Newborns and other neonates</td>
<td>84,259</td>
<td>786,310</td>
</tr>
<tr>
<td>16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>99,779</td>
<td>449,003</td>
</tr>
<tr>
<td>17 Neoplastic disorders (haematological and solid neoplasms)</td>
<td>191,749</td>
<td>494,700</td>
</tr>
<tr>
<td>18 Infectious and parasitic diseases</td>
<td>65,763</td>
<td>334,207</td>
</tr>
<tr>
<td>19 Mental diseases and disorders</td>
<td>140,494</td>
<td>1,226,426</td>
</tr>
<tr>
<td>20 Alcohol/drug use and alcohol/drug induced organic mental disorders</td>
<td>37,772</td>
<td>127,473</td>
</tr>
<tr>
<td>21 Injuries, poisoning and toxic effects of drugs</td>
<td>163,463</td>
<td>502,600</td>
</tr>
<tr>
<td>22 Burns</td>
<td>8,432</td>
<td>786,310</td>
</tr>
<tr>
<td>23 Factors influencing health status and other contacts with health services</td>
<td>134,086</td>
<td>217,034</td>
</tr>
<tr>
<td>ED Error DRGs(^{(d)})</td>
<td>7,380</td>
<td>60,499</td>
</tr>
<tr>
<td>Surgical DRG</td>
<td>1,019,946</td>
<td>6,489,551</td>
</tr>
<tr>
<td>Medical DRG</td>
<td>3,966,809</td>
<td>11,393,462</td>
</tr>
<tr>
<td>Other DRG</td>
<td>342,411</td>
<td>486,391</td>
</tr>
<tr>
<td>Total</td>
<td>5,329,166</td>
<td>18,369,404</td>
</tr>
</tbody>
</table>

DRG—Diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—Major diagnostic category.

\(^{(a)}\) Separations for which the care type was reported as Acute, or Newborn (with qualified days), or not reported.

\(^{(b)}\) Cost by volume is calculated using the 2009–10 Round 14 AR-DRG version 6.0x cost weights.

\(^{(c)}\) Private cost weights are not available for AR-DRG version 6.0x.

\(^{(d)}\) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Procedures

In 2011–12, about 11.7 million procedures were reported with about 5.8 million in the public sector and 5.9 million in the private sector. Private hospitals accounted for 47% of the separations for which a procedure was reported, although they accounted for 40% of the separations overall (Table 7.22). In public hospitals, 74% of separations involved a procedure (4.1 million). In contrast, 95% of separations in private hospitals involved a procedure (3.5 million).

Table 7.22: Separations, by procedure in ACHI chapters, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86 Procedures on nervous system</td>
<td>75,203</td>
<td>104,443</td>
<td>179,646</td>
</tr>
<tr>
<td>110–129 Procedures on endocrine system</td>
<td>7,901</td>
<td>8,611</td>
<td>16,512</td>
</tr>
<tr>
<td>160–256 Procedures on eye and adnexa</td>
<td>92,871</td>
<td>227,115</td>
<td>319,986</td>
</tr>
<tr>
<td>300–333 Procedures on ear and mastoid process</td>
<td>27,424</td>
<td>33,242</td>
<td>60,666</td>
</tr>
<tr>
<td>370–422 Procedures on nose, mouth and pharynx</td>
<td>62,687</td>
<td>85,311</td>
<td>147,998</td>
</tr>
<tr>
<td>450–490 Dental services</td>
<td>30,825</td>
<td>111,821</td>
<td>142,646</td>
</tr>
<tr>
<td>520–570 Procedures on respiratory system</td>
<td>109,790</td>
<td>36,374</td>
<td>146,164</td>
</tr>
<tr>
<td>600–777 Procedures on cardiovascular system</td>
<td>151,401</td>
<td>134,824</td>
<td>286,225</td>
</tr>
<tr>
<td>800–817 Procedures on blood and blood-forming organs</td>
<td>35,636</td>
<td>24,340</td>
<td>59,976</td>
</tr>
<tr>
<td>850–1011 Procedures on digestive system</td>
<td>443,520</td>
<td>769,120</td>
<td>1,212,640</td>
</tr>
<tr>
<td>1040–1129 Procedures on urinary system</td>
<td>1,161,443</td>
<td>356,652</td>
<td>1,518,095</td>
</tr>
<tr>
<td>1160–1203 Procedures on male genital organs</td>
<td>41,085</td>
<td>73,277</td>
<td>114,362</td>
</tr>
<tr>
<td>1240–1299 Gynaecological procedures</td>
<td>134,356</td>
<td>224,067</td>
<td>358,423</td>
</tr>
<tr>
<td>1330–1347 Obstetric procedures</td>
<td>197,549</td>
<td>80,610</td>
<td>278,159</td>
</tr>
<tr>
<td>1360–1579 Procedures on musculoskeletal system</td>
<td>266,291</td>
<td>333,892</td>
<td>600,183</td>
</tr>
<tr>
<td>1600–1718 Dermatological and plastic procedures</td>
<td>203,090</td>
<td>204,354</td>
<td>407,444</td>
</tr>
<tr>
<td>1740–1759 Procedures on breast</td>
<td>19,647</td>
<td>37,643</td>
<td>57,290</td>
</tr>
<tr>
<td>1786–1799 Radiation oncology procedures</td>
<td>10,702</td>
<td>3,291</td>
<td>13,993</td>
</tr>
<tr>
<td>1820–1922 Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>2,686,134</td>
<td>2,995,300</td>
<td>5,681,434</td>
</tr>
<tr>
<td>1940–2016 Imaging services</td>
<td>44,782</td>
<td>38,695</td>
<td>83,477</td>
</tr>
<tr>
<td>Procedures reported(a)</td>
<td>5,820,337</td>
<td>5,882,982</td>
<td>11,685,319</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>1,443,226</td>
<td>201,144</td>
<td>1,644,370</td>
</tr>
<tr>
<td>Total separations</td>
<td>5,511,492</td>
<td>3,744,677</td>
<td>9,256,169</td>
</tr>
</tbody>
</table>

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
What was the cost of the care?

Admitted patient expenditure—public hospitals
In 2011–12, about $28 billion was spent on admitted patient services in public hospitals (Table 7.23). This figure is based on the total expenditure reported for public hospitals, multiplied by the estimated ‘admitted patient cost proportion’ provided for each public hospital (see chapters 3 and 4 for more information).

Table 7.23: Estimated expenditure on admitted patient care ($ million), public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure</td>
<td>12,906</td>
<td>9,746</td>
<td>7,706</td>
<td>4,381</td>
<td>3,230</td>
<td>916</td>
<td>933</td>
<td>568</td>
<td>40,384</td>
</tr>
<tr>
<td>Estimated admitted patient cost proportion(a)</td>
<td>0.69</td>
<td>0.70</td>
<td>0.68</td>
<td>0.72</td>
<td>0.70</td>
<td>0.69</td>
<td>0.69</td>
<td>0.80</td>
<td>0.70</td>
</tr>
<tr>
<td>Estimated admitted patient expenditure(b)</td>
<td>8,939</td>
<td>6,848</td>
<td>5,258</td>
<td>3,133</td>
<td>2,264</td>
<td>627</td>
<td>644</td>
<td>453</td>
<td>28,167</td>
</tr>
</tbody>
</table>

(a) For more information, see Chapter 3 and Appendix B.
(b) The estimated admitted patient expenditure includes expenditure on non-benchmarking hospitals (see Chapter 3) in the state or territory, for which the estimated admitted patient cost proportion may not be appropriate.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Average cost weights
The cost estimates for admitted patient care are approximations of the relative costs of hospital services during 2011–12. They should be used with caution in any comparisons between the states and territories. They are not derived from, nor comparable with, the expenditure and cost per casemix-adjusted separation information in chapters 3 and 4.

Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information. These costs are included in public hospital cost information.

The ‘cost weight’ for a separation is the ratio of the estimated average cost for the separation (based on AR-DRG version 6.0x) compared with the average cost for all acute separations. For 2011–12, the 2009–10 AR-DRG version 6.0x cost weights obtained from the National Hospital Cost Data Collection (NHCDC) (DoHA 2012) were applied to each separation. Separate cost weights for the private sector were not available for AR-DRG version 6.0x. For more information on the NHCDC, see Appendix C.

In public hospitals, separations for Public patients generally had lower average cost weights than other patients and separations funded by Motor vehicle third party personal claim had higher average cost weights (Table 7.24). In private hospitals, Self-funded separations had lower average costs than other separations. The very low average cost weight for Public patients in private hospitals for Western Australia reflects a large amount of contracted care involving dialysis (funded by Other hospital or public authority).
Table 7.24: Average cost weight of separations, by principal source of funds, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients(^{(a)})</td>
<td>1.02</td>
<td>0.93</td>
<td>0.99</td>
<td>0.87</td>
<td>1.03</td>
<td>1.07</td>
<td>0.98</td>
<td>0.66</td>
<td>0.96</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>1.06</td>
<td>1.07</td>
<td>1.01</td>
<td>1.39</td>
<td>1.32</td>
<td>0.92</td>
<td>1.26</td>
<td>0.93</td>
<td>1.09</td>
</tr>
<tr>
<td>Self-funded(^{(b)})</td>
<td>1.31</td>
<td>0.77</td>
<td>1.11</td>
<td>0.74</td>
<td>0.75</td>
<td>0.80</td>
<td>1.25</td>
<td>1.10</td>
<td>1.14</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>1.16</td>
<td>1.19</td>
<td>1.38</td>
<td>1.17</td>
<td>1.13</td>
<td>1.53</td>
<td>1.30</td>
<td>1.28</td>
<td>1.23</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>1.57</td>
<td>2.21</td>
<td>2.22</td>
<td>2.26</td>
<td>2.16</td>
<td>2.53</td>
<td>2.44</td>
<td>2.26</td>
<td>2.02</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>1.13</td>
<td>1.14</td>
<td>1.09</td>
<td>1.05</td>
<td>1.24</td>
<td>1.19</td>
<td>0.80</td>
<td>1.46</td>
<td>1.12</td>
</tr>
<tr>
<td>Other(^{(c)})</td>
<td>1.64</td>
<td>1.17</td>
<td>1.51</td>
<td>1.18</td>
<td>1.16</td>
<td>1.30</td>
<td>1.06</td>
<td>0.70</td>
<td>1.28</td>
</tr>
<tr>
<td>Total</td>
<td>1.04</td>
<td>0.96</td>
<td>1.00</td>
<td>0.91</td>
<td>1.06</td>
<td>1.06</td>
<td>1.00</td>
<td>0.67</td>
<td>0.99</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients(^{(a)})</td>
<td>0.79</td>
<td>0.47</td>
<td>0.45</td>
<td>0.15</td>
<td>0.32</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.26</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>0.90</td>
<td>0.90</td>
<td>0.89</td>
<td>0.92</td>
<td>0.90</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.90</td>
</tr>
<tr>
<td>Self-funded(^{(b)})</td>
<td>0.89</td>
<td>0.71</td>
<td>0.64</td>
<td>0.72</td>
<td>0.87</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.77</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>1.32</td>
<td>1.26</td>
<td>1.20</td>
<td>1.19</td>
<td>1.33</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.26</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>1.03</td>
<td>1.11</td>
<td>1.39</td>
<td>1.04</td>
<td>1.41</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.13</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>1.15</td>
<td>1.10</td>
<td>0.88</td>
<td>1.05</td>
<td>1.03</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.01</td>
</tr>
<tr>
<td>Other(^{(c)})</td>
<td>0.63</td>
<td>0.95</td>
<td>0.85</td>
<td>0.74</td>
<td>0.92</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.92</td>
</tr>
<tr>
<td>Total</td>
<td>0.92</td>
<td>0.89</td>
<td>0.86</td>
<td>0.79</td>
<td>0.90</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.88</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Public patients includes separations for Medicare-eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefit Schedule.

\(^{(b)}\) Tasmania was unable to identify all patients whose funding source may have been Self-funded, therefore the average cost weights for this category should be interpreted with caution.

\(^{(c)}\) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.

\(^{(d)}\) AR-DRG version 6.0x public cost weights 2009–10 were used for both public and private hospitals. Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information.

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**Cost by volume**

An estimate of expenditure in public hospitals can be made using AR-DRGs and related cost information. The NHCDC provided estimates of average costs for each separation. The average cost weight was $4,500 in the public sector (including depreciation) (based on 2009–10 AR-DRG version 6.0x, DoHA 2012). Private sector cost weights for AR-DRG version 6.0x were not available at the time this report was prepared.

The cost-by-volume figures in Table 7.21 were derived by multiplying the estimated average cost for the AR-DRG by the number of acute separations for each AR-DRG. The cost estimates for all AR-DRGs within a given MDC were then summed to produce an estimated cost for the MDC. It should be noted that the estimates in Table 7.21 do not include the costs for sub-acute and non-acute separations. The cost estimates in that table do not reconcile with those presented for total admitted patient care in public hospitals due to different estimation methods.

For 2011–12, the total estimated cost for acute admitted patient care was $18.4 billion in public hospitals (Table 7.21). The highest cost-by-volume MDC in the public sector was Diseases and disorders of the musculoskeletal system and connective tissue ($2.3 billion).
DRGs and Surgical DRGs accounted for the majority of the estimated costs in public hospitals (62% and 35%, respectively).

Who paid for the care?

The funding source describes the principal source of funds for the admitted patient episode. There may be some variation between jurisdictions in the definitions of funding source categories and in the way in which state- or territory-level information was mapped to the National health data dictionary domain values (see Appendix A).

In 2011–12, about 85% of separations in public hospitals were for Public patients, compared with about 3% in private hospitals. For private hospitals, about 81% of separations were funded by Private health insurance (Table 7.25).

Table 7.25: Separations, by principal source of funds, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public patients(a)</td>
<td>4,658,853</td>
<td>110,131</td>
<td>4,768,984</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>584,429</td>
<td>3,029,670</td>
<td>3,614,099</td>
</tr>
<tr>
<td>Self-funded</td>
<td>73,711</td>
<td>299,032</td>
<td>372,743</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>23,436</td>
<td>65,869</td>
<td>89,305</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>28,609</td>
<td>7,197</td>
<td>35,806</td>
</tr>
<tr>
<td>Department of Veterans' Affairs</td>
<td>113,551</td>
<td>193,041</td>
<td>306,592</td>
</tr>
<tr>
<td>Other(b)</td>
<td>28,903</td>
<td>39,737</td>
<td>68,640</td>
</tr>
<tr>
<td>Total</td>
<td>5,511,492</td>
<td>3,744,677</td>
<td>9,256,169</td>
</tr>
</tbody>
</table>

(a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a Public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised (in public hospitals) were in Western Australia, reflecting that some public patient services were funded through the Medicare Benefit Schedule.

(b) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in table 7.30 at the end of this chapter.

How much care was contracted between hospitals?

Inter-hospital contracted patient separations are episodes of care for admitted patients whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service for which the activity is recorded by both hospitals (AIHW 2012f).

These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services. As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the NHMD.

In 2011–12, there were about 79,000 separations for inter-hospital contracted patients (Table 7.26). The total number of inter-hospital contracted patients was higher for private hospitals than for public hospitals. Most contracted care provided by private hospitals (62,000 separations) was purchased by public hospitals. Further information by state and territory is in the tables accompanying this report online.
Table 7.26: Separations, by inter-hospital contracted patient status, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-hospital contracted patient from public sector</td>
<td>10,389</td>
<td>61,684</td>
<td>72,073</td>
</tr>
<tr>
<td>Inter-hospital contracted patient from private sector</td>
<td>6,395</td>
<td>583</td>
<td>6,978</td>
</tr>
<tr>
<td>Not inter-hospital contracted patient</td>
<td>5,407,977</td>
<td>3,630,679</td>
<td>9,038,656</td>
</tr>
<tr>
<td>Not reported</td>
<td>86,731</td>
<td>51,731</td>
<td>138,462</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,511,492</td>
<td>3,744,677</td>
<td>9,256,169</td>
</tr>
</tbody>
</table>

*Note:* See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territories is in the tables accompanying this report online.

How much hospital care was provided in the patient’s home?

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in the home. This care has been defined as occurring in the patient’s (permanent or temporary) place of residence as a substitute for hospital accommodation and within an episode of care for an admitted patient (AIHW 2012f). In 2011–12, Tasmania did not provide information on HITH activity to the NHMD. HITH days are counted as patient days in the data presented in this report (see the table accompanying this report online).

How long did patients stay?

In 2011–12, public hospitals accounted for 60% of separations and 68% of patient days. The average length of stay per separation was higher in the public sector, at 3.4 days, than in the private sector, at 2.3 days. Same-day separations accounted for 51% of public hospital separations and 69% of private hospital separations. The average length of stay for overnight separations was longer in public hospitals (6.0 days) than in private hospitals (5.3 days) (Table 7.27).

Table 7.27: Average length of stay (ALOS), public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Separations</th>
<th>Same-day separations</th>
<th>Patient days</th>
<th>ALOS (excluding same-day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
<td>5,511,492</td>
<td>2,806,793</td>
<td>18,991,036</td>
<td>3.4</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>3,744,677</td>
<td>2,572,061</td>
<td>8,745,214</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,256,169</td>
<td>5,378,854</td>
<td>27,736,250</td>
<td>3.0</td>
</tr>
</tbody>
</table>

*Note:* See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in table 7.29 at the end of this chapter.

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 92% of separations (8.5 million) had a mode of separation of Other, suggesting that most patients go home after their episode of care (Table 7.28). This was particularly the case in the private sector, where 96% of separations (3.6 million) were categorised as Other, compared with 89% (4.9 million) in the public sector.
There is a discrepancy between the number of separations with a mode of separation of Discharge/transfer to an(other) hospital (acute and psychiatric) (394,000) and the number of separations with a mode of admission of Admitted patient transferred from another hospital (365,000; see Table 7.9). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission, or that some patients were admitted and separated in different reporting years.

Table 7.28: Separations, by mode of separation, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Mode of Separation</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge/transfer to an (other) acute hospital</td>
<td>326,482</td>
<td>60,450</td>
<td>386,932</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service(a)\</td>
<td>63,288</td>
<td>7,379</td>
<td>70,667</td>
</tr>
<tr>
<td>Discharge/transfer to an (other) psychiatric hospital</td>
<td>6,557</td>
<td>186</td>
<td>6,743</td>
</tr>
<tr>
<td>Discharge/transfer to other health care accommodation(b)\</td>
<td>15,529</td>
<td>53,345</td>
<td>68,874</td>
</tr>
<tr>
<td>Statistical discharge: type change</td>
<td>97,109</td>
<td>20,017</td>
<td>117,126</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>47,044</td>
<td>2,161</td>
<td>49,205</td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td>5,766</td>
<td>98</td>
<td>5,864</td>
</tr>
<tr>
<td>Died</td>
<td>61,482</td>
<td>13,625</td>
<td>75,107</td>
</tr>
<tr>
<td>Other(c)</td>
<td>4,888,107</td>
<td>3,587,396</td>
<td>8,475,503</td>
</tr>
<tr>
<td>Not reported</td>
<td>128</td>
<td>20</td>
<td>148</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,511,492</strong></td>
<td><strong>3,744,677</strong></td>
<td><strong>9,256,169</strong></td>
</tr>
</tbody>
</table>

(a) Unless this is the usual place of residence.

(b) Includes Mothercraft hospitals, except in jurisdictions where Mothercraft facilities are considered acute.

(c) Includes Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in table 7.42 at the end of this chapter.

**Additional information**

At the time of writing, 2011–12 cost weights and average costs were not available for AR-DRG version 6.0x, which has been used for the majority of tables that present data for Diagnosis Related Groups and Major Diagnostic Categories. After this report is published, the website will include updates for the tables that use AR-DRG cost weight and/or average cost/cost by volume information.

More detailed information on admitted patient care, including data by state and territory for principal diagnoses and procedures, is in the tables accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table 7.29: Separation, average cost weight, patient days and average length of stay statistics, by hospital type, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>1,660,602</td>
<td>1,543,773</td>
<td>1,001,215</td>
<td>588,143</td>
<td>407,315</td>
<td>99,632</td>
<td>97,455</td>
<td>113,357</td>
<td>5,511,492</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>1,655,276</td>
<td>1,543,310</td>
<td>1,000,832</td>
<td>586,745</td>
<td>405,462</td>
<td>99,276</td>
<td>97,455</td>
<td>113,357</td>
<td>5,501,713</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>5,326</td>
<td>463</td>
<td>383</td>
<td>1,398</td>
<td>1,853</td>
<td>356</td>
<td>356</td>
<td>356</td>
<td>9,777</td>
</tr>
<tr>
<td>Private hospitals(a)</td>
<td>1,070,140</td>
<td>917,810</td>
<td>901,188</td>
<td>436,319</td>
<td>289,980</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,744,677</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>225,556</td>
<td>209,489</td>
<td>211,763</td>
<td>120,410</td>
<td>65,114</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>843,930</td>
</tr>
<tr>
<td>Other private hospitals(a)</td>
<td>844,584</td>
<td>708,321</td>
<td>689,425</td>
<td>315,909</td>
<td>224,866</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,900,747</td>
</tr>
<tr>
<td>Public acute and private hospitals</td>
<td>2,725,416</td>
<td>2,461,120</td>
<td>1,902,020</td>
<td>1,023,064</td>
<td>695,442</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>9,246,390</td>
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<tr>
<td>Total</td>
<td>2,730,742</td>
<td>2,461,583</td>
<td>1,902,403</td>
<td>1,024,462</td>
<td>697,295</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>9,256,169</td>
</tr>
<tr>
<td><strong>Overnight separations</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>924,308</td>
<td>660,844</td>
<td>496,615</td>
<td>270,866</td>
<td>218,944</td>
<td>49,120</td>
<td>45,138</td>
<td>38,864</td>
<td>2,704,699</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>919,191</td>
<td>660,387</td>
<td>496,235</td>
<td>269,498</td>
<td>217,482</td>
<td>48,772</td>
<td>45,138</td>
<td>48,772</td>
<td>2,695,567</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>5,117</td>
<td>457</td>
<td>380</td>
<td>1,368</td>
<td>1,462</td>
<td>348</td>
<td>348</td>
<td>348</td>
<td>9,132</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>225,556</td>
<td>209,489</td>
<td>211,763</td>
<td>120,410</td>
<td>65,114</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>843,930</td>
</tr>
<tr>
<td>Other private hospitals(a)</td>
<td>844,584</td>
<td>708,321</td>
<td>689,425</td>
<td>315,909</td>
<td>224,866</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,900,747</td>
</tr>
<tr>
<td>Total</td>
<td>1,224,052</td>
<td>972,829</td>
<td>784,557</td>
<td>404,256</td>
<td>310,936</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,877,315</td>
</tr>
<tr>
<td><strong>Same-day separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>736,294</td>
<td>882,929</td>
<td>504,600</td>
<td>317,277</td>
<td>188,371</td>
<td>50,512</td>
<td>52,317</td>
<td>74,493</td>
<td>2,806,793</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>736,085</td>
<td>882,923</td>
<td>504,597</td>
<td>317,247</td>
<td>187,980</td>
<td>50,504</td>
<td>52,317</td>
<td>74,493</td>
<td>2,806,146</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>5,117</td>
<td>457</td>
<td>380</td>
<td>1,368</td>
<td>1,462</td>
<td>348</td>
<td>348</td>
<td>348</td>
<td>9,132</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>225,556</td>
<td>209,489</td>
<td>211,763</td>
<td>120,410</td>
<td>65,114</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>843,930</td>
</tr>
<tr>
<td>Other private hospitals(a)</td>
<td>844,584</td>
<td>708,321</td>
<td>689,425</td>
<td>315,909</td>
<td>224,866</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,900,747</td>
</tr>
<tr>
<td>Total</td>
<td>1,224,052</td>
<td>972,829</td>
<td>784,557</td>
<td>404,256</td>
<td>310,936</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,877,315</td>
</tr>
</tbody>
</table>

(continued)
Table 7.29 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same-day separations as a % of total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>44.3</td>
<td>57.2</td>
<td>50.4</td>
<td>53.9</td>
<td>46.2</td>
<td>50.7</td>
<td>53.7</td>
<td>65.7</td>
<td>50.9</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>44.5</td>
<td>57.2</td>
<td>50.4</td>
<td>54.1</td>
<td>46.4</td>
<td>50.9</td>
<td>53.7</td>
<td>65.7</td>
<td>51.0</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>3.9</td>
<td>1.3</td>
<td>0.8</td>
<td>2.1</td>
<td>21.1</td>
<td>2.2</td>
<td>. .</td>
<td>. .</td>
<td>6.6</td>
</tr>
<tr>
<td>Private hospitals(a)</td>
<td>72.0</td>
<td>66.0</td>
<td>68.0</td>
<td>69.4</td>
<td>68.3</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>68.7</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>99.0</td>
<td>100.0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>99.9</td>
</tr>
<tr>
<td>Other private hospitals(a)</td>
<td>64.5</td>
<td>56.0</td>
<td>58.2</td>
<td>58.2</td>
<td>59.1</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>59.6</td>
</tr>
<tr>
<td>Public acute and private hospitals</td>
<td>55.3</td>
<td>60.5</td>
<td>58.8</td>
<td>60.6</td>
<td>55.5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>58.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>55.2</td>
<td>60.5</td>
<td>58.8</td>
<td>60.5</td>
<td>55.4</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>58.1</td>
</tr>
</tbody>
</table>

| **Separations per 1,000 population** |       |       |       |       |       |       |       |       |       |
| Public hospitals         | 216.1 | 264.9 | 220.3 | 248.8 | 227.6 | 179.9 | 278.8 | 544.7 | 236.4 |
| Public acute hospitals   | 215.3 | 264.8 | 220.2 | 248.2 | 226.5 | 179.2 | 278.8 | 544.7 | 236.0 |
| Public psychiatric hospitals | 0.8   | 0.1   | 0.1   | 0.6   | 1.1   | 0.7   | . .   | . .   | 0.4   |
| Private hospitals(a)     | 137.7 | 155.9 | 195.2 | 183.1 | 155.5 | n.p.  | n.p.  | n.p.  | 158.2 |
| Private free-standing day hospital facilities | 29.2  | 35.8  | 45.7  | 50.8  | 34.1  | n.p.  | n.p.  | n.p.  | 35.7  |
| Other private hospitals(a) | 108.5 | 120.1 | 149.5 | 132.3 | 121.3 | n.p.  | n.p.  | n.p.  | 122.4 |
| Public acute and private hospitals | 353.0 | 420.6 | 415.4 | 431.3 | 381.9 | n.p.  | n.p.  | n.p.  | 394.1 |
| **Total**                | 353.8 | 420.7 | 415.5 | 431.8 | 383.1 | n.p.  | n.p.  | n.p.  | 394.6 |

| **Average public cost weight of separations(b)** |       |       |       |       |       |       |       |       |       |
| Public hospitals         | 1.04  | 0.96  | 1.00  | 0.91  | 1.06  | 1.06  | 1.06  | 1.00  | 0.67  | 0.99  |
| Public acute hospitals   | 1.04  | 0.96  | 1.00  | 0.91  | 1.06  | 1.06  | 1.06  | 1.00  | 0.67  | 0.99  |
| Public psychiatric hospitals | 2.49  | 2.60  | 2.96  | 3.03  | 2.23  | 1.01  | . .   | . .   | 2.49  |
| Private hospitals(a)     | 0.92  | 0.89  | 0.86  | 0.79  | 0.90  | n.p.  | n.p.  | n.p.  | 0.88  |
| Private free-standing day hospital facilities | 0.56  | 0.43  | 0.50  | 0.33  | 0.42  | n.p.  | n.p.  | n.p.  | 0.47  |
| Other private hospitals(a) | 1.03  | 1.03  | 0.98  | 0.97  | 1.06  | n.p.  | n.p.  | n.p.  | 1.01  |
| Public acute and private hospitals | 0.99  | 0.93  | 0.94  | 0.86  | 0.99  | n.p.  | n.p.  | n.p.  | 0.95  |
| **Total**                | 1.00  | 0.93  | 0.94  | 0.86  | 1.00  | n.p.  | n.p.  | n.p.  | 0.95  |
Table 7.29 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average private cost weight of separations</strong>&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private hospitals&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Other private hospitals&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>Patient days</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>6,434,979</td>
<td>4,782,281</td>
<td>3,262,934</td>
<td>1,856,812</td>
<td>1,679,153</td>
<td>353,640</td>
<td>326,778</td>
<td>294,459</td>
<td>18,991,036</td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>6,129,774</td>
<td>4,741,858</td>
<td>3,116,265</td>
<td>1,795,341</td>
<td>1,560,142</td>
<td>348,306</td>
<td>326,778</td>
<td>294,459</td>
<td>18,312,923</td>
</tr>
<tr>
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<td>305,205</td>
<td>40,423</td>
<td>146,669</td>
<td>61,471</td>
<td>119,011</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>678,113</td>
</tr>
<tr>
<td>Private hospitals&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>2,452,877</td>
<td>2,261,615</td>
<td>2,177,232</td>
<td>905,529</td>
<td>634,321</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>8,745,214</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>225,556</td>
<td>209,489</td>
<td>211,763</td>
<td>120,410</td>
<td>65,114</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>843,930</td>
</tr>
<tr>
<td>Other private hospitals&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>2,227,321</td>
<td>2,052,126</td>
<td>1,965,469</td>
<td>785,119</td>
<td>569,207</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>7,901,284</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,887,856</td>
<td>7,043,896</td>
<td>5,440,166</td>
<td>2,762,341</td>
<td>2,313,474</td>
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<td>n.p.</td>
<td>n.p.</td>
<td>27,058,137</td>
</tr>
<tr>
<td><strong>Patient days per 1,000 population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
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<td>949.1</td>
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</tr>
<tr>
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<td>795.6</td>
<td>682.8</td>
<td>760.6</td>
<td>821.7</td>
<td>606.0</td>
<td>949.1</td>
<td>1,592.0</td>
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</tr>
<tr>
<td>Public psychiatric hospitals</td>
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<td>25.9</td>
<td>72.2</td>
<td>9.3</td>
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<td>.</td>
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</tr>
<tr>
<td>Private hospitals&lt;sup&gt;(a)&lt;/sup&gt;</td>
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<td>381.2</td>
<td>326.9</td>
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<td>n.p.</td>
<td>n.p.</td>
<td>363.1</td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>29.2</td>
<td>35.8</td>
<td>45.7</td>
<td>50.8</td>
<td>34.1</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
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</tr>
<tr>
<td>Other private hospitals&lt;sup&gt;(a)&lt;/sup&gt;</td>
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<td>339.2</td>
<td>424.6</td>
<td>330.4</td>
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<td>n.p.</td>
<td>327.3</td>
</tr>
<tr>
<td><strong>Public acute and private hospitals</strong></td>
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<td>1,153.1</td>
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<td>1,126.2</td>
<td>1,177.9</td>
<td>1,186.3</td>
<td>1,167.7</td>
<td>1,220.8</td>
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<td>n.p.</td>
<td>n.p.</td>
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</table>

(continued)
Table 7.29 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2011–12

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<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td><strong>Average length of stay (days)</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td>3.9</td>
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<td>3.3</td>
<td>3.2</td>
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<td>3.5</td>
<td>3.4</td>
<td>2.6</td>
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<tr>
<td>Public acute hospitals</td>
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<td>3.1</td>
<td>3.1</td>
<td>3.8</td>
<td>3.5</td>
<td>3.4</td>
<td>2.6</td>
<td>3.3</td>
</tr>
<tr>
<td>Public psychiatric hospitals(^{(d)})</td>
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<td>87.3</td>
<td>382.9</td>
<td>44.0</td>
<td>64.2</td>
<td>15.0</td>
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<tr>
<td><strong>Private hospitals(^{(a)})</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
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<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
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<tr>
<td><strong>Public acute and private hospitals</strong></td>
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<td>2.8</td>
<td>2.6</td>
<td>3.2</td>
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<td>n.p.</td>
<td>n.p.</td>
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<tr>
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<td>2.9</td>
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<td>3.3</td>
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<td>n.p.</td>
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<tr>
<td><strong>Average length of stay, excluding same-day separations (days)</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td>6.2</td>
<td>5.9</td>
<td>5.6</td>
<td>5.7</td>
<td>6.8</td>
<td>6.2</td>
<td>6.1</td>
<td>5.7</td>
<td>6.0</td>
</tr>
<tr>
<td>Public acute hospitals</td>
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<td>5.8</td>
<td>5.3</td>
<td>5.5</td>
<td>6.3</td>
<td>6.1</td>
<td>6.1</td>
<td>5.7</td>
<td>5.8</td>
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<tr>
<td>Public psychiatric hospitals(^{(d)})</td>
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<td>81.1</td>
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<tr>
<td><strong>Private hospitals(^{(a)})</strong></td>
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<tr>
<td>Private free-standing day hospital facilities</td>
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<td>1.0</td>
<td>.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1.0</td>
</tr>
<tr>
<td>Other private hospitals(^{(a)})</td>
<td>5.6</td>
<td>5.3</td>
<td>5.4</td>
<td>4.6</td>
<td>4.7</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
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</tr>
<tr>
<td><strong>Public acute and private hospitals</strong></td>
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<td>5.7</td>
<td>5.3</td>
<td>5.2</td>
<td>5.8</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6.0</td>
<td>5.7</td>
<td>5.5</td>
<td>5.3</td>
<td>6.2</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5.8</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Includes private psychiatric hospitals.

\(^{(b)}\) Separations for which the care type was reported as Acute, or as Newborn (with qualified days), or was not reported. AR-DRG version 6.0x national public sector estimated cost weights 2009–10 were applied to AR-DRG version 6.0x DRGs for all rows in Average public cost weight of separations.

\(^{(c)}\) Private sector cost weights for AR-DRG version 6.0x were not available at the time this report was prepared.

\(^{(d)}\) Caution should be used with average length of stay data for public psychiatric hospitals. The figures include a small percentage of long-stay patients who can affect the average markedly.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
### Table 7.30: Separations by funding source, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>1,281,749</td>
<td>1,322,831</td>
<td>881,891</td>
<td>535,865</td>
<td>361,707</td>
<td>79,600</td>
<td>85,078</td>
<td>110,132</td>
<td>4,658,853</td>
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<tr>
<td>Private health insurance</td>
<td>266,496</td>
<td>155,326</td>
<td>79,381</td>
<td>31,963</td>
<td>27,895</td>
<td>15,931</td>
<td>6,761</td>
<td>676</td>
<td>584,429</td>
</tr>
<tr>
<td>Self-funded&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>40,970</td>
<td>13,807</td>
<td>15,277</td>
<td>935</td>
<td>1,718</td>
<td>80</td>
<td>222</td>
<td>702</td>
<td>73,711</td>
</tr>
<tr>
<td>Workers compensation</td>
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<td>6,309</td>
<td>5,221</td>
<td>2,016</td>
<td>1,291</td>
<td>395</td>
<td>414</td>
<td>359</td>
<td>23,436</td>
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<tr>
<td>Motor vehicle third party personal claim</td>
<td>8,689</td>
<td>9,473</td>
<td>3,570</td>
<td>3,337</td>
<td>2,253</td>
<td>575</td>
<td>227</td>
<td>485</td>
<td>28,609</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>48,415</td>
<td>25,328</td>
<td>14,775</td>
<td>8,731</td>
<td>9,540</td>
<td>2,666</td>
<td>421</td>
<td>277</td>
<td>113,551</td>
</tr>
<tr>
<td>Other&lt;sup&gt;(c)&lt;/sup&gt;</td>
<td>6,852</td>
<td>10,699</td>
<td>1,100</td>
<td>5,296</td>
<td>2,911</td>
<td>385</td>
<td>934</td>
<td>726</td>
<td>28,903</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,660,602</td>
<td>1,543,773</td>
<td>1,001,215</td>
<td>588,143</td>
<td>407,315</td>
<td>99,632</td>
<td>97,455</td>
<td>113,357</td>
<td>5,511,492</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>9,214</td>
<td>2,463</td>
<td>18,925</td>
<td>75,349</td>
<td>4,000</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>110,131</td>
</tr>
<tr>
<td>Self-funded&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>116,766</td>
<td>82,533</td>
<td>65,391</td>
<td>18,834</td>
<td>10,526</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>299,032</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
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<td>34,960</td>
<td>78,424</td>
<td>15,413</td>
<td>13,129</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>193,041</td>
</tr>
<tr>
<td>Other&lt;sup&gt;(c)&lt;/sup&gt;</td>
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<td>2,098</td>
<td>7,554</td>
<td>2,527</td>
<td>1,924</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>39,737</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>917,810</td>
<td>901,188</td>
<td>436,319</td>
<td>289,980</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,744,677</td>
</tr>
</tbody>
</table>

(a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a Public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefit Schedule.

(b) Tasmania was unable to identify all patients whose funding source may have been Self-funded, therefore the number of separations in this category may be underestimated and others may be overestimated.

(c) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th>State or territory of usual residence</th>
<th>Public hospitals</th>
<th>Separations per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>Vic</td>
<td>Qld</td>
</tr>
<tr>
<td>New South Wales</td>
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<td>31,063</td>
</tr>
<tr>
<td>Victoria</td>
<td>3,512</td>
<td>1,500,033</td>
</tr>
<tr>
<td>Queensland</td>
<td>12,072</td>
<td>1,741</td>
</tr>
<tr>
<td>Western Australia</td>
<td>595</td>
<td>634</td>
</tr>
<tr>
<td>South Australia</td>
<td>637</td>
<td>2,117</td>
</tr>
<tr>
<td>Tasmania</td>
<td>288</td>
<td>1,697</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>3,208</td>
<td>301</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>234</td>
<td>345</td>
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<td>Other Australian territories(a)</td>
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<tr>
<td>Not elsewhere classified(b)</td>
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<tr>
<td>Total</td>
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<td>1,543,773</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Private hospitals</th>
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<td>South Australia</td>
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<tr>
<td>Tasmania</td>
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<tr>
<td>Australian Capital Territory</td>
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<tr>
<td>Northern Territory</td>
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<tr>
<td>Other Australian territories(a)</td>
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<td>Total</td>
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</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 7.32: Separations, by care type, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Care type</th>
<th>NSW</th>
<th>Vic(a)</th>
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<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Acute care</td>
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<td>566,072</td>
<td>387,421</td>
<td>95,999</td>
<td>91,177</td>
<td>111,520</td>
<td>5,255,045</td>
</tr>
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<td>31,964</td>
<td>14,954</td>
<td>24,068</td>
<td>11,511</td>
<td>9,205</td>
<td>910</td>
<td>2,603</td>
<td>347</td>
<td>95,562</td>
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<tr>
<td>Palliative care</td>
<td>12,371</td>
<td>7,191</td>
<td>7,333</td>
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<td>1,492</td>
<td>476</td>
<td>648</td>
<td>293</td>
<td>31,260</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>5,907</td>
<td>16,963</td>
<td>3,712</td>
<td>1,554</td>
<td>1,597</td>
<td>324</td>
<td>374</td>
<td>20</td>
<td>30,451</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>827</td>
<td>0</td>
<td>472</td>
<td>732</td>
<td>255</td>
<td>54</td>
<td>42</td>
<td>0</td>
<td>2,382</td>
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<tr>
<td>Maintenance care</td>
<td>8,671</td>
<td>553</td>
<td>6,859</td>
<td>1,411</td>
<td>3,037</td>
<td>384</td>
<td>1,210</td>
<td>146</td>
<td>22,271</td>
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<td>33,214</td>
<td>11,838</td>
<td>8,164</td>
<td>4,597</td>
<td>2,665</td>
<td>1,462</td>
<td>1,176</td>
<td>898</td>
<td>64,014</td>
</tr>
<tr>
<td>Newborn–qualified and unqualified days</td>
<td>3,401</td>
<td>1,471</td>
<td>2,530</td>
<td>810</td>
<td>1,643</td>
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<td>203</td>
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<tr>
<td>Newborn–unqualified days only</td>
<td>42,116</td>
<td>45,672</td>
<td>35,804</td>
<td>18,705</td>
<td>11,950</td>
<td>2,670</td>
<td>3,483</td>
<td>2,806</td>
<td>163,206</td>
</tr>
<tr>
<td>Newborn total</td>
<td>78,731</td>
<td>58,981</td>
<td>46,498</td>
<td>24,112</td>
<td>16,258</td>
<td>4,132</td>
<td>4,862</td>
<td>3,704</td>
<td>237,278</td>
</tr>
<tr>
<td>Other admitted patient care</td>
<td>135</td>
<td>0</td>
<td>97</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>22</td>
<td>133</td>
<td>400</td>
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<tr>
<td>Not reported</td>
<td>12</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>Total(a)</td>
<td>1,702,718</td>
<td>1,589,445</td>
<td>1,037,019</td>
<td>606,848</td>
<td>419,265</td>
<td>102,302</td>
<td>100,938</td>
<td>116,163</td>
<td>5,674,698</td>
</tr>
</tbody>
</table>

(continued)
Table 7.32 (continued): Separations, by care type, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Care type</th>
<th>NSW</th>
<th>Vic(a)</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care</td>
<td>920,720</td>
<td>888,732</td>
<td>860,112</td>
<td>427,905</td>
<td>267,113</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,484,968</td>
</tr>
<tr>
<td>Rehabilitation care</td>
<td>141,131</td>
<td>19,260</td>
<td>34,179</td>
<td>2,831</td>
<td>21,711</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>226,887</td>
</tr>
<tr>
<td>Palliative care</td>
<td>464</td>
<td>689</td>
<td>2,005</td>
<td>2,327</td>
<td>249</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5,877</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>61</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>124</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>0</td>
<td>5,330</td>
<td>0</td>
<td>873</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>6,204</td>
</tr>
<tr>
<td>Newborn–qualified days only</td>
<td>7,264</td>
<td>3,483</td>
<td>2,102</td>
<td>1,359</td>
<td>811</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>15,812</td>
</tr>
<tr>
<td>Newborn–qualified and unqualified days(b)</td>
<td>448</td>
<td>266</td>
<td>404</td>
<td>908</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,047</td>
</tr>
<tr>
<td>Newborn–unqualified days only</td>
<td>16,169</td>
<td>2,346</td>
<td>15,795</td>
<td>8,342</td>
<td>730</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>46,726</td>
</tr>
<tr>
<td>Newborn total</td>
<td>23,881</td>
<td>6,095</td>
<td>18,301</td>
<td>10,609</td>
<td>1,541</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>64,585</td>
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<tr>
<td>Other admitted patient care</td>
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<td>0</td>
<td>56</td>
<td>0</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>59</td>
</tr>
<tr>
<td>Not reported</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,086,309</td>
<td>920,156</td>
<td>916,983</td>
<td>444,661</td>
<td>290,710</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,791,403</td>
</tr>
</tbody>
</table>

(a) The reporting of Newborns (without qualified days) is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(b) Public hospitals in Tasmania and the Northern Territory did not report Newborn care according to the National health data dictionary (AIHW 2012f) definition and did not report any separations with both qualified and unqualified days.

(c) Total separations include records for Newborn (without qualified days).

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
### Table 7.33: Patient days, by care type, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Care type</th>
<th>NSW</th>
<th>Vic&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care</td>
<td>5,280,425</td>
<td>3,830,328</td>
<td>2,478,646</td>
<td>1,503,936</td>
<td>1,228,469</td>
<td>296,582</td>
<td>257,132</td>
<td>268,346</td>
<td>15,143,864</td>
</tr>
<tr>
<td>Rehabilitation care</td>
<td>560,690</td>
<td>310,687</td>
<td>338,334</td>
<td>202,460</td>
<td>157,493</td>
<td>21,709</td>
<td>28,264</td>
<td>7,497</td>
<td>1,627,134</td>
</tr>
<tr>
<td>Palliative care</td>
<td>131,333</td>
<td>95,264</td>
<td>62,843</td>
<td>13,698</td>
<td>17,323</td>
<td>4,553</td>
<td>7,325</td>
<td>3,231</td>
<td>335,570</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>70,916</td>
<td>365,249</td>
<td>59,814</td>
<td>12,812</td>
<td>24,696</td>
<td>8,487</td>
<td>3,956</td>
<td>1,012</td>
<td>546,942</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>36,083</td>
<td>0</td>
<td>9,283</td>
<td>35,365</td>
<td>9,684</td>
<td>2,313</td>
<td>945</td>
<td>0</td>
<td>93,673</td>
</tr>
<tr>
<td>Maintenance care</td>
<td>183,769</td>
<td>55,391</td>
<td>225,528</td>
<td>43,809</td>
<td>201,657</td>
<td>8,865</td>
<td>16,489</td>
<td>4,485</td>
<td>739,993</td>
</tr>
<tr>
<td>Newborn–qualified days only</td>
<td>169,326</td>
<td>124,933</td>
<td>88,156</td>
<td>44,732</td>
<td>39,831</td>
<td>11,049</td>
<td>12,566</td>
<td>9,567</td>
<td>500,160</td>
</tr>
<tr>
<td>Newborn–unqualified days only</td>
<td>113,437</td>
<td>114,140</td>
<td>77,143</td>
<td>47,057</td>
<td>33,363</td>
<td>6,707</td>
<td>7,839</td>
<td>7,666</td>
<td>407,342</td>
</tr>
<tr>
<td><strong>Newborn total</strong></td>
<td>282,763</td>
<td>239,073</td>
<td>165,299</td>
<td>91,789</td>
<td>73,194</td>
<td>17,756</td>
<td>20,405</td>
<td>17,223</td>
<td>907,502</td>
</tr>
<tr>
<td>Other admitted patient care</td>
<td>2,424</td>
<td>0</td>
<td>330</td>
<td>0</td>
<td>0</td>
<td>72</td>
<td>101</td>
<td>321</td>
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<tr>
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<td>13</td>
<td>429</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>452</td>
</tr>
<tr>
<td><strong>Total</strong>&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>6,434,979</td>
<td>4,782,281</td>
<td>3,262,934</td>
<td>1,856,812</td>
<td>1,679,153</td>
<td>353,640</td>
<td>326,778</td>
<td>294,459</td>
<td>18,991,036</td>
</tr>
</tbody>
</table>

(continued)
Table 7.33 (continued): Patient days, by care type, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Care type</th>
<th>NSW</th>
<th>Vic(a)</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care</td>
<td>1,929,961</td>
<td>1,937,906</td>
<td>1,920,377</td>
<td>799,375</td>
<td>551,325</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>7,405,918</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>0</td>
<td>0</td>
<td>711</td>
<td>0</td>
<td>3,085</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>4,335</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>0</td>
<td>28,604</td>
<td>0</td>
<td>13,415</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>42,061</td>
</tr>
<tr>
<td>Maintenance care</td>
<td>1,265</td>
<td>6,449</td>
<td>40,151</td>
<td>6,022</td>
<td>3,108</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>58,146</td>
</tr>
<tr>
<td><strong>Newborn total</strong></td>
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<td>31,971</td>
<td>88,163</td>
<td>51,237</td>
<td>8,406</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>310,919</td>
</tr>
<tr>
<td>Other admitted patient care</td>
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<td>0</td>
<td>228</td>
<td>0</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>234</td>
</tr>
<tr>
<td>Not reported</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong>(b)</td>
<td>2,452,877</td>
<td>2,261,615</td>
<td>2,177,232</td>
<td>905,529</td>
<td>634,321</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>8,745,214</td>
</tr>
</tbody>
</table>

(a) The reporting of Newborns (without qualified days) is not compulsory for the Victorian private sector, resulting in a low numbers of days in this category.

(b) Total patient days exclude unqualified days for Newborns.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
### Table 7.34: Separations, by mode of admission, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted patient transferred from another hospital</td>
<td>93,689</td>
<td>68,965</td>
<td>34,842</td>
<td>39,254</td>
<td>19,426</td>
<td>2,042</td>
<td>3,365</td>
<td>267</td>
<td>261,850</td>
</tr>
<tr>
<td>Statistical admission: type change</td>
<td>30,017</td>
<td>16,033</td>
<td>27,625</td>
<td>10,488</td>
<td>5,571</td>
<td>1,844</td>
<td>3,813</td>
<td>1,253</td>
<td>96,644</td>
</tr>
<tr>
<td>Other</td>
<td>1,527,822</td>
<td>1,457,987</td>
<td>938,748</td>
<td>538,401</td>
<td>381,338</td>
<td>95,078</td>
<td>90,277</td>
<td>111,837</td>
<td>5,141,488</td>
</tr>
<tr>
<td>Not reported</td>
<td>9,074</td>
<td>788</td>
<td>0</td>
<td>0</td>
<td>980</td>
<td>668</td>
<td>0</td>
<td>0</td>
<td>11,510</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,660,602</td>
<td>1,543,773</td>
<td>1,001,215</td>
<td>588,143</td>
<td>99,632</td>
<td>97,455</td>
<td>113,357</td>
<td>5,511,492</td>
<td></td>
</tr>
</tbody>
</table>

|                     |            |            |            |            |            |           |           |            |            |
| **Private hospitals**|            |            |            |            |            |           |           |            |            |
| Admitted patient transferred from another hospital | 40,048     | 29,761     | 18,007     | 7,864      | 5,731      | n.p.      | n.p.      | n.p.       | 103,329    |
| Statistical admission: type change            | 4,492      | 3,027      | 7,415      | 2,147      | 609        | n.p.      | n.p.      | n.p.       | 18,888     |
| Other                                        | 1,007,821  | 885,022    | 875,766    | 426,308    | 283,321    | n.p.      | n.p.      | n.p.       | 3,575,640  |
| Not reported                                  | 17,779     | 0          | 0          | 0          | 319        | n.p.      | n.p.      | n.p.       | 46,820     |
| **Total**                                     | 1,070,140  | 917,810    | 901,188    | 436,319    | 289,980    | n.p.      | n.p.      | n.p.       | 3,744,677  |

|                     |            |            |            |            |            |           |           |            |            |
| **All hospitals**|            |            |            |            |            |           |           |            |            |
| Admitted patient transferred from another hospital | 133,737    | 98,726     | 52,849     | 47,118     | 25,157     | n.p.      | n.p.      | n.p.       | 365,179    |
| Statistical admission: type change            | 34,509     | 19,060     | 35,040     | 12,635     | 6,180      | n.p.      | n.p.      | n.p.       | 115,532    |
| Other                                        | 2,535,643  | 2,343,009  | 1,814,514  | 964,709    | 664,659    | n.p.      | n.p.      | n.p.       | 8,717,128  |
| Not reported                                  | 26,853     | 788        | 0          | 0          | 1,299      | n.p.      | n.p.      | n.p.       | 58,330     |
| **Total**                                     | 2,730,742  | 2,461,583  | 1,902,403  | 1,024,462  | 697,295    | n.p.      | n.p.      | n.p.       | 9,256,169  |

*Note:* See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 7.35: Same-day and overnight separations by broad category of service, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same-day separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td>2,921</td>
<td>1,104</td>
<td>2,070</td>
<td>673</td>
<td>564</td>
<td>124</td>
<td>369</td>
<td>209</td>
<td>8,034</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>8,351</td>
<td>930</td>
<td>4,856</td>
<td>491</td>
<td>1,180</td>
<td>5</td>
<td>101</td>
<td>53</td>
<td>15,967</td>
</tr>
<tr>
<td>Emergency</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>8,436</td>
<td>6,486</td>
<td>2,494</td>
<td>2,372</td>
<td>1,298</td>
<td>522</td>
<td>656</td>
<td>139</td>
<td>22,403</td>
</tr>
<tr>
<td>Medical</td>
<td>133,043</td>
<td>182,590</td>
<td>124,801</td>
<td>63,325</td>
<td>34,079</td>
<td>3,559</td>
<td>9,847</td>
<td>9,210</td>
<td>560,454</td>
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<tr>
<td>Other</td>
<td>1,873</td>
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<td>734</td>
<td>588</td>
<td>231</td>
<td>119</td>
<td>133</td>
<td>17</td>
<td>4,457</td>
</tr>
<tr>
<td><strong>Total same-day separations</strong></td>
<td>736,294</td>
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<td>504,600</td>
<td>317,277</td>
<td>188,371</td>
<td>50,512</td>
<td>52,317</td>
<td>74,493</td>
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<tr>
<td><strong>Overnight separations</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td>69,968</td>
<td>53,259</td>
<td>41,364</td>
<td>20,943</td>
<td>14,581</td>
<td>3,731</td>
<td>4,040</td>
<td>2,983</td>
<td>210,869</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>32,074</td>
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<td>18,626</td>
<td>10,059</td>
<td>7,640</td>
<td>2,169</td>
<td>1,343</td>
<td>857</td>
<td>93,330</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>76,568</td>
<td>56,058</td>
<td>40,147</td>
<td>26,938</td>
<td>18,950</td>
<td>5,381</td>
<td>5,944</td>
<td>4,491</td>
<td>234,477</td>
</tr>
<tr>
<td>Medical</td>
<td>469,321</td>
<td>308,907</td>
<td>247,201</td>
<td>139,147</td>
<td>112,626</td>
<td>22,154</td>
<td>19,924</td>
<td>22,416</td>
<td>1,341,696</td>
</tr>
<tr>
<td>Other</td>
<td>20,473</td>
<td>12,655</td>
<td>8,398</td>
<td>5,781</td>
<td>4,954</td>
<td>1,245</td>
<td>1,108</td>
<td>893</td>
<td>55,507</td>
</tr>
<tr>
<td><strong>Total overnight separations</strong></td>
<td>924,308</td>
<td>660,844</td>
<td>496,615</td>
<td>270,866</td>
<td>218,944</td>
<td>49,120</td>
<td>45,138</td>
<td>38,964</td>
<td>2,704,699</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,660,602</td>
<td>1,543,773</td>
<td>1,001,215</td>
<td>588,143</td>
<td>407,315</td>
<td>99,632</td>
<td>97,455</td>
<td>113,357</td>
<td>5,511,492</td>
</tr>
</tbody>
</table>

*Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.*
Table 7.36: Same-day and overnight separations by broad category of service, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same-day separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>24</td>
<td>40</td>
<td>11</td>
<td>5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>135</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>45,412</td>
<td>18,956</td>
<td>33,580</td>
<td>4,634</td>
<td>493</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>107,574</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>396</td>
<td>437</td>
<td>501</td>
<td>474</td>
<td>2,976</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>4,807</td>
</tr>
<tr>
<td>Medical</td>
<td>1,323</td>
<td>2,737</td>
<td>3,068</td>
<td>1,958</td>
<td>1,792</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>10,932</td>
</tr>
<tr>
<td>Other</td>
<td>165</td>
<td>219</td>
<td>216</td>
<td>158</td>
<td>2,724</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,488</td>
</tr>
<tr>
<td><strong>Non-emergency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Surgical</td>
<td>256,491</td>
<td>195,975</td>
<td>173,334</td>
<td>84,841</td>
<td>57,748</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>801,068</td>
</tr>
<tr>
<td>Medical</td>
<td>259,382</td>
<td>183,073</td>
<td>247,605</td>
<td>139,906</td>
<td>87,268</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>938,322</td>
</tr>
<tr>
<td>Other</td>
<td>207,203</td>
<td>204,404</td>
<td>154,902</td>
<td>70,947</td>
<td>44,982</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>705,735</td>
</tr>
<tr>
<td><strong>Total same-day separations</strong></td>
<td>770,396</td>
<td>605,825</td>
<td>613,246</td>
<td>302,929</td>
<td>197,988</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,572,061</td>
</tr>
<tr>
<td><strong>Overnight separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth</td>
<td>23,234</td>
<td>20,457</td>
<td>17,634</td>
<td>10,273</td>
<td>4,796</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>80,647</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>9,885</td>
<td>8,982</td>
<td>7,173</td>
<td>3,724</td>
<td>1,455</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>32,517</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>14,290</td>
<td>35,303</td>
<td>52,278</td>
<td>16,709</td>
<td>14,457</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>135,467</td>
</tr>
<tr>
<td>Other</td>
<td>952</td>
<td>3,836</td>
<td>4,294</td>
<td>1,524</td>
<td>1,388</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>12,204</td>
</tr>
<tr>
<td><strong>Non-emergency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>9,727</td>
<td>12,823</td>
<td>10,885</td>
<td>2,741</td>
<td>2,824</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>40,404</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,070,140</td>
<td>917,810</td>
<td>901,188</td>
<td>436,319</td>
<td>289,980</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,744,677</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 7.37: Separations for selected potentially preventable hospitalisations\(^{(a)}\), by state or territory of usual residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Vaccine-preventable conditions</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total(^{(b)})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza and pneumonia</td>
<td>4,951</td>
<td>3,009</td>
<td>3,282</td>
<td>1,391</td>
<td>1,483</td>
<td>246</td>
<td>215</td>
<td>516</td>
<td>15,111</td>
</tr>
<tr>
<td>Other vaccine-preventable conditions</td>
<td>1,051</td>
<td>1,413</td>
<td>757</td>
<td>421</td>
<td>181</td>
<td>36</td>
<td>34</td>
<td>146</td>
<td>4,043</td>
</tr>
<tr>
<td><strong>Total vaccine-preventable conditions(^{(c)})</strong></td>
<td>5,987</td>
<td>4,414</td>
<td>4,032</td>
<td>1,808</td>
<td>1,662</td>
<td>282</td>
<td>248</td>
<td>662</td>
<td>19,117</td>
</tr>
<tr>
<td>Vaccine-preventable PPHs per 1,000 population</td>
<td>0.8</td>
<td>0.8</td>
<td>0.9</td>
<td>0.8</td>
<td>0.9</td>
<td>0.5</td>
<td>0.7</td>
<td>3.1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acute conditions</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendicitis with generalised peritonitis</td>
<td>2,696</td>
<td>1,767</td>
<td>1,717</td>
<td>893</td>
<td>585</td>
<td>167</td>
<td>87</td>
<td>116</td>
<td>8,044</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>15,156</td>
<td>10,459</td>
<td>9,800</td>
<td>4,450</td>
<td>3,124</td>
<td>741</td>
<td>499</td>
<td>818</td>
<td>45,136</td>
</tr>
<tr>
<td>Convulsions and epilepsy</td>
<td>11,349</td>
<td>8,253</td>
<td>7,518</td>
<td>3,573</td>
<td>2,765</td>
<td>605</td>
<td>501</td>
<td>797</td>
<td>35,434</td>
</tr>
<tr>
<td>Dehydration and gastroenteritis</td>
<td>20,021</td>
<td>20,482</td>
<td>13,937</td>
<td>6,347</td>
<td>4,973</td>
<td>1,122</td>
<td>631</td>
<td>675</td>
<td>68,271</td>
</tr>
<tr>
<td>Dental conditions</td>
<td>16,420</td>
<td>16,699</td>
<td>12,769</td>
<td>8,949</td>
<td>5,801</td>
<td>1,108</td>
<td>770</td>
<td>763</td>
<td>63,327</td>
</tr>
<tr>
<td>Ear, nose and throat infections</td>
<td>11,216</td>
<td>9,467</td>
<td>8,388</td>
<td>4,953</td>
<td>3,461</td>
<td>554</td>
<td>388</td>
<td>728</td>
<td>39,191</td>
</tr>
<tr>
<td>Gangrene</td>
<td>1,376</td>
<td>2,516</td>
<td>1,423</td>
<td>872</td>
<td>399</td>
<td>126</td>
<td>36</td>
<td>156</td>
<td>6,913</td>
</tr>
<tr>
<td>Pelvic inflammatory disease</td>
<td>1,296</td>
<td>1,302</td>
<td>1,162</td>
<td>528</td>
<td>358</td>
<td>88</td>
<td>67</td>
<td>142</td>
<td>4,947</td>
</tr>
<tr>
<td>Perforated/bleeding ulcer</td>
<td>1,766</td>
<td>1,361</td>
<td>927</td>
<td>571</td>
<td>465</td>
<td>115</td>
<td>79</td>
<td>33</td>
<td>5,323</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>20,576</td>
<td>16,903</td>
<td>13,884</td>
<td>7,043</td>
<td>4,891</td>
<td>939</td>
<td>902</td>
<td>760</td>
<td>65,962</td>
</tr>
<tr>
<td><strong>Total acute conditions(^{(c)})</strong></td>
<td>101,819</td>
<td>89,114</td>
<td>71,474</td>
<td>38,136</td>
<td>26,803</td>
<td>5,562</td>
<td>3,959</td>
<td>4,983</td>
<td>342,278</td>
</tr>
<tr>
<td>Acute PPHs per 1,000 population</td>
<td>13.5</td>
<td>15.6</td>
<td>15.8</td>
<td>16.2</td>
<td>15.6</td>
<td>10.4</td>
<td>11.3</td>
<td>23.0</td>
<td>14.9</td>
</tr>
</tbody>
</table>

(continued)
Table 7.37 (continued): Separations for selected potentially preventable hospitalisations\(^{(a)}\), by state or territory of usual residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Chronic conditions</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total(^{(b)})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina</td>
<td>8,651</td>
<td>7,534</td>
<td>8,891</td>
<td>3,178</td>
<td>2,598</td>
<td>582</td>
<td>226</td>
<td>372</td>
<td>32,051</td>
</tr>
<tr>
<td>Asthma</td>
<td>13,043</td>
<td>10,580</td>
<td>7,366</td>
<td>3,223</td>
<td>2,905</td>
<td>523</td>
<td>420</td>
<td>448</td>
<td>38,543</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>22,802</td>
<td>16,182</td>
<td>14,533</td>
<td>5,616</td>
<td>5,551</td>
<td>1,369</td>
<td>763</td>
<td>1,169</td>
<td>68,046</td>
</tr>
<tr>
<td>Congestive cardiac failure</td>
<td>16,365</td>
<td>14,227</td>
<td>9,840</td>
<td>4,567</td>
<td>4,095</td>
<td>941</td>
<td>531</td>
<td>540</td>
<td>51,141</td>
</tr>
<tr>
<td>Diabetes complications</td>
<td>19,625</td>
<td>18,667</td>
<td>19,941</td>
<td>19,127</td>
<td>5,864</td>
<td>1,664</td>
<td>693</td>
<td>1,277</td>
<td>86,951</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2,884</td>
<td>2,063</td>
<td>2,100</td>
<td>634</td>
<td>583</td>
<td>114</td>
<td>64</td>
<td>43</td>
<td>8,298</td>
</tr>
<tr>
<td>Iron deficiency anaemia</td>
<td>9,113</td>
<td>11,144</td>
<td>5,709</td>
<td>3,718</td>
<td>2,755</td>
<td>936</td>
<td>367</td>
<td>241</td>
<td>34,005</td>
</tr>
<tr>
<td>Nutritional deficiencies</td>
<td>122</td>
<td>105</td>
<td>79</td>
<td>14</td>
<td>34</td>
<td>0</td>
<td>12</td>
<td>13</td>
<td>379</td>
</tr>
<tr>
<td>Rheumatic heart disease(^{(d)})</td>
<td>642</td>
<td>545</td>
<td>698</td>
<td>340</td>
<td>244</td>
<td>33</td>
<td>24</td>
<td>208</td>
<td>2,739</td>
</tr>
<tr>
<td><strong>Total chronic conditions(^{(c)})</strong></td>
<td>90,910</td>
<td>78,652</td>
<td>67,229</td>
<td>39,682</td>
<td>24,047</td>
<td>6,011</td>
<td>3,030</td>
<td>4,147</td>
<td>313,990</td>
</tr>
<tr>
<td>Chronic PPHs per 1,000 population</td>
<td>11.3</td>
<td>13.0</td>
<td>14.5</td>
<td>16.8</td>
<td>12.3</td>
<td>9.9</td>
<td>9.1</td>
<td>23.4</td>
<td>13.0</td>
</tr>
<tr>
<td><strong>Total chronic conditions, excluding diabetes(^{(d)})</strong></td>
<td>73,422</td>
<td>62,380</td>
<td>49,216</td>
<td>21,290</td>
<td>18,765</td>
<td>4,498</td>
<td>2,407</td>
<td>3,034</td>
<td>235,202</td>
</tr>
<tr>
<td>Chronic PPHs (excluding diabetes) per 1,000 population</td>
<td>9.1</td>
<td>10.3</td>
<td>10.7</td>
<td>9.1</td>
<td>9.5</td>
<td>7.3</td>
<td>7.3</td>
<td>17.6</td>
<td>9.7</td>
</tr>
<tr>
<td><strong>Total selected potentially preventable hospitalisations(^{(c)})</strong></td>
<td>197,952</td>
<td>171,432</td>
<td>141,964</td>
<td>79,289</td>
<td>52,206</td>
<td>11,810</td>
<td>7,216</td>
<td>9,653</td>
<td>672,252</td>
</tr>
<tr>
<td>Total PPHs per 1,000 population</td>
<td>25.5</td>
<td>29.2</td>
<td>31.1</td>
<td>33.6</td>
<td>28.7</td>
<td>20.8</td>
<td>21.0</td>
<td>48.9</td>
<td>28.6</td>
</tr>
</tbody>
</table>

PPH—potentially preventable hospitalisation.

\(^{(a)}\) These conditions are defined using ICD-10-AM codes in Appendix B tables accompanying this report online.
\(^{(b)}\) Includes other territories and excludes overseas residents and unknown state of residence.
\(^{(c)}\) Excludes multiple diagnoses for the same separation within the same group.
\(^{(d)}\) Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 7.38: Separations, by age group and sex, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age group</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Under 1</td>
<td>33,831</td>
<td>17,126</td>
<td>14,049</td>
<td>7,478</td>
<td>5,207</td>
<td>1,386</td>
<td>1,341</td>
<td>1,445</td>
<td>81,863</td>
</tr>
<tr>
<td></td>
<td>1–4</td>
<td>26,844</td>
<td>20,639</td>
<td>17,130</td>
<td>9,665</td>
<td>6,885</td>
<td>1,290</td>
<td>1,288</td>
<td>1,644</td>
<td>85,385</td>
</tr>
<tr>
<td></td>
<td>5–14</td>
<td>35,198</td>
<td>26,942</td>
<td>23,237</td>
<td>12,538</td>
<td>7,722</td>
<td>1,864</td>
<td>2,003</td>
<td>2,060</td>
<td>111,564</td>
</tr>
<tr>
<td></td>
<td>15–24</td>
<td>41,871</td>
<td>41,536</td>
<td>30,473</td>
<td>16,944</td>
<td>10,836</td>
<td>2,316</td>
<td>2,743</td>
<td>2,599</td>
<td>149,318</td>
</tr>
<tr>
<td></td>
<td>25–34</td>
<td>46,825</td>
<td>48,496</td>
<td>35,511</td>
<td>21,930</td>
<td>12,538</td>
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<td>49,632</td>
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</table>

(a) Totals include separations where age group was not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th>Sex</th>
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<th>NSW</th>
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<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>289,980</td>
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<td>n.p.</td>
<td>n.p.</td>
<td>3,744,677</td>
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<sup>(a)</sup> Totals include separations where age group was not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
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<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>2,932</td>
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<td>312,813</td>
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<td>22,831</td>
<td>2,932</td>
<td>2,037</td>
<td>12,922</td>
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<td>1,001,215</td>
<td>588,143</td>
<td>407,315</td>
<td>99,632</td>
<td>97,455</td>
<td>113,357</td>
<td>5,511,492</td>
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<td></td>
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<tr>
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<td>18,707</td>
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<td><strong>All hospitals</strong></td>
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<td>722.0</td>
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(a) Other Australians includes records for which Indigenous status was not reported.
(b) The rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 7.41: Overnight separations, by Indigenous status, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Public hospitals</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
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<td>Aboriginal but not Torres Strait Islander origin</td>
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<td>67</td>
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<td>244</td>
<td>4,958</td>
</tr>
<tr>
<td>Indigenous Australians</td>
<td>35,942</td>
<td>7,488</td>
<td>34,405</td>
<td>24,961</td>
<td>46,511</td>
<td>112</td>
<td>47</td>
<td>244</td>
<td>136,240</td>
</tr>
<tr>
<td>Neither Aboriginal nor Torres Strait Islander origin</td>
<td>880,727</td>
<td>647,812</td>
<td>455,625</td>
<td>201,412</td>
<td>43,701</td>
<td>17,104</td>
<td>2,538,466</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>7,639</td>
<td>5,544</td>
<td>6,585</td>
<td>0</td>
<td>8,694</td>
<td>759</td>
<td>772</td>
<td>0</td>
<td>29,993</td>
</tr>
<tr>
<td>Total</td>
<td>924,308</td>
<td>660,844</td>
<td>496,615</td>
<td>270,866</td>
<td>24,760</td>
<td>45,138</td>
<td>38,864</td>
<td>2,704,699</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private hospitals</th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal but not Torres Strait Islander origin</td>
<td>643</td>
<td>233</td>
<td>624</td>
<td>183</td>
<td>107</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,024</td>
</tr>
<tr>
<td>Torres Strait Islander but not Aboriginal origin</td>
<td>37</td>
<td>82</td>
<td>173</td>
<td>22</td>
<td>21</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>359</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander origin</td>
<td>170</td>
<td>388</td>
<td>107</td>
<td>39</td>
<td>30</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>817</td>
</tr>
<tr>
<td>Indigenous Australians</td>
<td>850</td>
<td>703</td>
<td>904</td>
<td>244</td>
<td>158</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,200</td>
</tr>
<tr>
<td>Neither Aboriginal nor Torres Strait Islander origin</td>
<td>290,315</td>
<td>307,490</td>
<td>273,583</td>
<td>133,146</td>
<td>88,306</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,130,869</td>
</tr>
<tr>
<td>Not reported</td>
<td>8,579</td>
<td>3,792</td>
<td>13,455</td>
<td>0</td>
<td>3,528</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>38,547</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All hospitals</th>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Australians</td>
<td>36,792</td>
<td>8,191</td>
<td>35,309</td>
<td>25,205</td>
<td>8,996</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>139,440</td>
</tr>
<tr>
<td>Other Australians(a)</td>
<td>1,187,260</td>
<td>964,638</td>
<td>749,248</td>
<td>379,051</td>
<td>301,940</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,737,875</td>
</tr>
<tr>
<td>Total</td>
<td>1,224,052</td>
<td>972,829</td>
<td>784,557</td>
<td>404,256</td>
<td>310,936</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,877,315</td>
</tr>
</tbody>
</table>

Separation rate for Indigenous Australians per 1,000: 277.4, Separation rate for other Australians(a) per 1,000: 158.3, Separation rate for all people per 1,000: 160.5, Rate ratio(b): 1.8

(a) Other Australians includes records for which Indigenous status was not reported.
(b) The rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 7.1, 7.2, and 7.3 for notes on data limitations and methods.
### Table 7.42: Separations, by mode of separation, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Mode of Separation</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge/transfer to an(other) acute hospital</td>
<td>105,445</td>
<td>98,566</td>
<td>58,845</td>
<td>27,788</td>
<td>25,094</td>
<td>3,676</td>
<td>3,373</td>
<td>3,695</td>
<td>326,482</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service(^{(a)})</td>
<td>17,904</td>
<td>22,384</td>
<td>4,936</td>
<td>8,010</td>
<td>8,280</td>
<td>857</td>
<td>568</td>
<td>349</td>
<td>63,288</td>
</tr>
<tr>
<td>Discharge/transfer to an(other) psychiatric hospital</td>
<td>2,029</td>
<td>1,384</td>
<td>135</td>
<td>1,055</td>
<td>1,256</td>
<td>669</td>
<td>21</td>
<td>8</td>
<td>6,557</td>
</tr>
<tr>
<td>Discharge/transfer to other health-care accommodation(^{(b)})</td>
<td>4,598</td>
<td>3,261</td>
<td>1,810</td>
<td>1,326</td>
<td>1,610</td>
<td>247</td>
<td>619</td>
<td>2,058</td>
<td>15,529</td>
</tr>
<tr>
<td>Statistical discharge: type change</td>
<td>30,172</td>
<td>16,556</td>
<td>10,513</td>
<td>5,465</td>
<td>1,880</td>
<td>233</td>
<td>409</td>
<td>1,065</td>
<td>97,109</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>16,928</td>
<td>7,595</td>
<td>1,351</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5,766</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td>23,833</td>
<td>15,620</td>
<td>10,135</td>
<td>4,180</td>
<td>4,835</td>
<td>1,413</td>
<td>1,066</td>
<td>460</td>
<td>61,482</td>
</tr>
<tr>
<td>Other(^{(c)})</td>
<td>1,456,021</td>
<td>1,378,364</td>
<td>887,639</td>
<td>528,417</td>
<td>357,360</td>
<td>90,584</td>
<td>87,650</td>
<td>102,072</td>
<td>4,888,107</td>
</tr>
<tr>
<td>Not reported</td>
<td>113</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>1</td>
<td>0</td>
<td>128</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,660,602</td>
<td>1,543,773</td>
<td>1,001,215</td>
<td>588,143</td>
<td>407,315</td>
<td>99,632</td>
<td>97,455</td>
<td>113,357</td>
<td>5,511,492</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge/transfer to an(other) acute hospital</td>
<td>22,042</td>
<td>19,099</td>
<td>8,163</td>
<td>2,952</td>
<td>6,808</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>60,450</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service(^{(a)})</td>
<td>1,373</td>
<td>2,769</td>
<td>1,011</td>
<td>928</td>
<td>1,081</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>7,379</td>
</tr>
<tr>
<td>Discharge/transfer to an(other) psychiatric hospital</td>
<td>56</td>
<td>58</td>
<td>11</td>
<td>33</td>
<td>26</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>186</td>
</tr>
<tr>
<td>Discharge/transfer to other health-care accommodation(^{(b)})</td>
<td>52,108</td>
<td>7</td>
<td>742</td>
<td>57</td>
<td>240</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>53,345</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>1,004</td>
<td>574</td>
<td>360</td>
<td>140</td>
<td>57</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,161</td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td>9</td>
<td>0</td>
<td>79</td>
<td>7</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>98</td>
</tr>
<tr>
<td>Died</td>
<td>2,183</td>
<td>3,369</td>
<td>4,529</td>
<td>2,025</td>
<td>1,043</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>13,625</td>
</tr>
<tr>
<td>Other(^{(c)})</td>
<td>986,084</td>
<td>888,547</td>
<td>878,844</td>
<td>427,964</td>
<td>280,107</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,587,396</td>
</tr>
<tr>
<td>Not reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,070,140</td>
<td>917,810</td>
<td>901,188</td>
<td>436,319</td>
<td>289,980</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,744,677</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Unless this is the usual place of residence.

\(^{(b)}\) Includes Mothercraft hospitals, except in jurisdictions where Mothercraft facilities are considered acute.

\(^{(c)}\) Includes Discharge to usual residence/ own accommodation/ welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
8 Same-day acute admitted patient care

This chapter presents information on same-day acute admitted patient care provided by public and private hospitals in Australia.

A same-day separation is one in which the patient is admitted and separated on the same date. Acute admitted patient care includes separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported. Separations for other care types were excluded. The data are sourced from the AIHW’s NHMD. For definitions of terms and classifications, and more information on data limitations and methods, see Chapter 7 (boxes 7.1, 7.2 and 7.3).

Of all same-day separations, 96% were reported as Acute, with a higher proportion in the public sector (99%) than in the private sector (93%).

How has activity changed over time?

From 2010–11 to 2011–12, same-day acute separations increased by 4.7% to 5.2 million, a slightly higher increase than the average per year between 2007–08 and 2011–12 (4.6%) (Table 8.1).

The annual growth rate in same-day acute separations between 2007–08 and 2011–12 was higher in private hospitals (4.9%) than in public hospitals (4.3%). The greatest increase in same-day acute separations occurred in private free-standing day hospital facilities (6.1% on average each year), increasing from 664,000 in 2007–08 to 841,000 in 2011–12.

Table 8.1: Same-day acute separations, public and private hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>2,340,658</td>
<td>2,438,288</td>
<td>2,548,148</td>
<td>2,660,010</td>
<td>2,776,747</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>1,797</td>
<td>630</td>
<td>690</td>
<td>630</td>
<td>633</td>
<td>–23.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>2,342,455</td>
<td>2,438,918</td>
<td>2,548,838</td>
<td>2,660,640</td>
<td>2,777,380</td>
<td>4.3</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>664,151</td>
<td>726,572</td>
<td>780,690</td>
<td>806,409</td>
<td>841,327</td>
<td>6.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>1,319,030</td>
<td>1,356,396</td>
<td>1,436,250</td>
<td>1,476,434</td>
<td>1,557,844</td>
<td>4.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Total</td>
<td>1,983,181</td>
<td>2,082,968</td>
<td>2,216,940</td>
<td>2,282,843</td>
<td>2,399,171</td>
<td>4.9</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>4,325,636</td>
<td>4,521,886</td>
<td>4,765,778</td>
<td>4,943,483</td>
<td>5,176,551</td>
<td>4.6</td>
<td>4.7</td>
</tr>
</tbody>
</table>

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private. 
Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Between 2007–08 and 2011–12, the number of same-day acute public hospital separations increased at a greater rate than the national average in Queensland, Western Australia and the Northern Territory. Over the same period, above-average increases in the number of same-day acute private hospital separations were recorded in New South Wales, Western Australia and South Australia.
Large single-year increases in the number of same-day acute separations between 2010–11 and 2011–12 were recorded for Western Australia (both public and private hospitals), public hospitals in South Australia and the Northern Territory, and for private hospitals in New South Wales and Queensland (Table 8.2).

Table 8.2: Same-day acute separations, public and private hospitals, states and territories, 2007–08 to 2011–12

<table>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Average since 2007–08</td>
</tr>
<tr>
<td>New South Wales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>631,985</td>
<td>654,272</td>
<td>679,911</td>
<td>697,804</td>
<td>726,434</td>
<td>3.5</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>535,887</td>
<td>563,959</td>
<td>592,552</td>
<td>618,824</td>
<td>651,662</td>
<td>5.0</td>
</tr>
<tr>
<td>All hospitals</td>
<td>1,167,872</td>
<td>1,218,231</td>
<td>1,272,463</td>
<td>1,316,628</td>
<td>1,378,096</td>
<td>4.2</td>
</tr>
<tr>
<td>Victoria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>766,885</td>
<td>789,255</td>
<td>809,244</td>
<td>849,798</td>
<td>882,687</td>
<td>3.6</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>515,376</td>
<td>531,609</td>
<td>581,364</td>
<td>573,363</td>
<td>601,695</td>
<td>3.9</td>
</tr>
<tr>
<td>All hospitals</td>
<td>1,282,261</td>
<td>1,320,864</td>
<td>1,390,608</td>
<td>1,423,161</td>
<td>1,484,382</td>
<td>3.7</td>
</tr>
<tr>
<td>Queensland</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>398,415</td>
<td>433,612</td>
<td>459,402</td>
<td>482,271</td>
<td>492,281</td>
<td>5.4</td>
</tr>
<tr>
<td>Private hospitals</td>
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<td>530,024</td>
<td>549,879</td>
<td>556,567</td>
<td>586,929</td>
<td>4.0</td>
</tr>
<tr>
<td>All hospitals</td>
<td>900,820</td>
<td>963,636</td>
<td>1,009,281</td>
<td>1,038,838</td>
<td>1,079,210</td>
<td>4.6</td>
</tr>
<tr>
<td>Western Australia</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>235,065</td>
<td>239,899</td>
<td>269,408</td>
<td>292,117</td>
<td>316,669</td>
<td>7.7</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>209,893</td>
<td>242,941</td>
<td>260,654</td>
<td>287,160</td>
<td>302,562</td>
<td>9.6</td>
</tr>
<tr>
<td>All hospitals</td>
<td>444,958</td>
<td>482,840</td>
<td>530,062</td>
<td>579,277</td>
<td>619,231</td>
<td>8.6</td>
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<td>South Australia</td>
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</tr>
<tr>
<td>Public hospitals</td>
<td>160,514</td>
<td>164,745</td>
<td>170,177</td>
<td>173,794</td>
<td>183,019</td>
<td>3.3</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>148,420</td>
<td>153,881</td>
<td>162,859</td>
<td>172,395</td>
<td>180,672</td>
<td>5.0</td>
</tr>
<tr>
<td>All hospitals</td>
<td>308,934</td>
<td>318,626</td>
<td>333,036</td>
<td>346,189</td>
<td>363,691</td>
<td>4.2</td>
</tr>
<tr>
<td>Tasmania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>50,426</td>
<td>49,338</td>
<td>51,080</td>
<td>49,606</td>
<td>50,462</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>43,513</td>
<td>48,248</td>
<td>47,081</td>
<td>49,304</td>
<td>51,505</td>
<td>4.3</td>
</tr>
<tr>
<td>Northern Territory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>55,652</td>
<td>59,549</td>
<td>62,535</td>
<td>65,946</td>
<td>74,323</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>2,342,455</td>
<td>2,438,918</td>
<td>2,548,838</td>
<td>2,660,640</td>
<td>2,777,380</td>
<td>4.3</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>1,983,181</td>
<td>2,082,968</td>
<td>2,216,940</td>
<td>2,282,843</td>
<td>2,399,171</td>
<td>4.9</td>
</tr>
<tr>
<td>All hospitals</td>
<td>4,325,636</td>
<td>4,521,886</td>
<td>4,765,778</td>
<td>4,943,483</td>
<td>5,176,551</td>
<td>4.6</td>
</tr>
</tbody>
</table>

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.
(b) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Who used these services?

Sex and age group

Just over half (51%) of same-day acute separations were for females (Figure 8.1). However, there were more same-day separations for males aged 0 to 14 and aged 55 and over. People aged 55 and over accounted for more than half of all same-day separations.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. The quality of the data provided for Indigenous status in 2011–12 for admitted patient care varied by jurisdiction. See Chapter 7 and Appendix B for more information on the quality of Indigenous data in the NHMD.

Nationally, 4.4% of all same-day acute separations were for Aboriginal or Torres Strait Islander people.

In 2011–12, the same-day acute separation rate for Indigenous Australians was more than 3 times the rate for other Australians (Table 8.3). The Northern Territory had the highest rate of same-day acute separations for Indigenous Australians.

For both Indigenous and other Australians, Care involving dialysis accounted for a large proportion of same-day separations, particularly for Indigenous Australians, who were admitted for dialysis at 12 times the rate for other Australians. Excluding separations for dialysis, Indigenous Australians had lower same-day acute separation rates than other Australians in New South Wales, Victoria, Queensland, Western Australia and South Australia.
### Table 8.3: Same-day acute separations per 1,000 population, by Indigenous status, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(a)</th>
<th>ACT(a)</th>
<th>NT(a)</th>
<th>Total(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indigenous Australians</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>35,516</td>
<td>12,267</td>
<td>52,922</td>
<td>50,072</td>
<td>14,304</td>
<td>1,190</td>
<td>57,846</td>
<td></td>
<td>225,915</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>334.3</td>
<td>527.9</td>
<td>543.4</td>
<td>1,162.3</td>
<td>781.8</td>
<td>104.8</td>
<td>369.4</td>
<td>1,405.4</td>
<td>660.6</td>
</tr>
<tr>
<td>Excluding Care involving dialysis</td>
<td>117.0</td>
<td>185.7</td>
<td>148.1</td>
<td>147.5</td>
<td>147.6</td>
<td>84.8</td>
<td>133.3</td>
<td>136.1</td>
<td>138.9</td>
</tr>
<tr>
<td><strong>Other Australians(c)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>1,342,580</td>
<td>1,472,115</td>
<td>1,026,288</td>
<td>569,159</td>
<td>49,056</td>
<td>50,315</td>
<td>16,477</td>
<td>4,950,636</td>
<td></td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>176.1</td>
<td>251.8</td>
<td>227.3</td>
<td>243.4</td>
<td>193.1</td>
<td>88.9</td>
<td>145.1</td>
<td>110.4</td>
<td>213.3</td>
</tr>
<tr>
<td>Excluding Care involving dialysis</td>
<td>136.8</td>
<td>200.0</td>
<td>185.7</td>
<td>187.3</td>
<td>152.4</td>
<td>63.7</td>
<td>72.2</td>
<td>81.1</td>
<td>168.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>1,378,096</td>
<td>1,484,382</td>
<td>1,079,210</td>
<td>619,231</td>
<td>363,691</td>
<td>50,462</td>
<td>51,505</td>
<td>74,323</td>
<td>5,176,551</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>178.1</td>
<td>252.8</td>
<td>233.6</td>
<td>259.1</td>
<td>198.9</td>
<td>89.2</td>
<td>147.1</td>
<td>363.7</td>
<td>219.5</td>
</tr>
<tr>
<td>Excluding Care involving dialysis</td>
<td>136.6</td>
<td>200.0</td>
<td>185.3</td>
<td>186.8</td>
<td>152.5</td>
<td>64.2</td>
<td>73.0</td>
<td>95.1</td>
<td>168.4</td>
</tr>
</tbody>
</table>

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separation rates by Indigenous status are calculated for public hospitals only.

(b) Includes data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory.

(c) Other Australians includes separations for which Indigenous status was not reported.

**Note:** See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

### Remoteness area

In 2011–12, people who lived in **Very remote** areas had 322 same-day acute separations per 1,000 population, compared with about 221 per 1,000 nationally (Table 8.4). The SRR for Very remote areas was 1.46, indicating that the separation rate was 46% higher than the national separation rate.

### Table 8.4: Selected same-day acute separation statistics, by remoteness area of usual residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Remoteness area</th>
<th>Major cities</th>
<th>Inner regional</th>
<th>Outer regional</th>
<th>Remote</th>
<th>Very remote</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separations</td>
<td>3,555,515</td>
<td>1,019,923</td>
<td>451,400</td>
<td>75,361</td>
<td>54,775</td>
<td>5,176,551</td>
</tr>
<tr>
<td>Separation rate</td>
<td>223.9</td>
<td>210.6</td>
<td>205.8</td>
<td>229.2</td>
<td>322.4</td>
<td>220.7</td>
</tr>
<tr>
<td>Standardised separation rate ratio</td>
<td>1.01</td>
<td>0.95</td>
<td>0.93</td>
<td>1.04</td>
<td>1.46</td>
<td></td>
</tr>
</tbody>
</table>

(a) Total includes separations for which the remoteness area was not able to be categorised.

**Note:** See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Socioeconomic status

Each SES group accounted for between 19% and 21% of total same-day acute separations. The separation rates varied from 210 per 1,000 population for people living in areas classified as being the second-lowest SES group to 232 per 1,000 for the middle SES group (Table 8.5).

Table 8.5: Selected same-day acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Socioeconomic status of area of residence</th>
<th>1–Lowest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5–Highest</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separations</td>
<td>1,037,271</td>
<td>1,030,089</td>
<td>1,068,511</td>
<td>990,801</td>
<td>1,029,615</td>
<td>5,176,551</td>
</tr>
<tr>
<td>Separation rate</td>
<td>219.7</td>
<td>209.6</td>
<td>231.7</td>
<td>220.1</td>
<td>220.4</td>
<td>220.8</td>
</tr>
<tr>
<td>Standardised separation rate ratio</td>
<td>0.99</td>
<td>0.95</td>
<td>1.05</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

(a) Total includes separations for which socioeconomic status group was not able to be categorised.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How did people access these services?

The mode of admission records the mechanism by which a patient begins an episode of care. In both public and private hospitals, most same-day separations had a mode of admission of Other (98% overall), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of Admitted patient transferred from another hospital than private hospitals (1.2% and 0.3%, respectively) (Table 8.6).

Table 8.6: Same-day acute separations, by mode of admission, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient transferred from another hospital</td>
<td>32,342</td>
<td>3,852</td>
<td>3,042</td>
<td>39,236</td>
</tr>
<tr>
<td>Statistical admission: type change</td>
<td>3,167</td>
<td>0</td>
<td>396</td>
<td>3,563</td>
</tr>
<tr>
<td>Other</td>
<td>2,733,506</td>
<td>837,471</td>
<td>1,526,974</td>
<td>5,097,951</td>
</tr>
<tr>
<td>Not reported</td>
<td>8,365</td>
<td>4</td>
<td>27,432</td>
<td>35,801</td>
</tr>
<tr>
<td>Total</td>
<td>2,777,380</td>
<td>841,327</td>
<td>1,557,844</td>
<td>5,176,551</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in terms of the principal diagnosis.

In 2011–12, almost half (47%) of same-day acute separations in public hospitals and 31% in private hospitals had a principal diagnosis in the Factors influencing health status and contact with health services chapter of the ICD-10-AM (Table 8.7). The major contributors to the Factors influencing health status and contact with health services separations were for Care involving dialysis and Other medical care (which includes chemotherapy) (Table 8.8).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, about 64% of same-day acute separations for Factors influencing health...
status and contact with health services were from public hospitals, while about 73% of same-day acute separations for Diseases of the eye and adnexa were from private hospitals.

Table 8.7: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>35,693</td>
<td>2,248</td>
<td>8,458</td>
<td>46,399</td>
</tr>
<tr>
<td>C00–D48 Neoplasms</td>
<td>124,286</td>
<td>70,524</td>
<td>137,882</td>
<td>332,692</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>57,822</td>
<td>13,909</td>
<td>22,741</td>
<td>94,472</td>
</tr>
<tr>
<td>E00–E90 Endocrine, nutritional and metabolic diseases</td>
<td>32,201</td>
<td>5,000</td>
<td>13,287</td>
<td>50,488</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>47,919</td>
<td>268</td>
<td>111,852</td>
<td>160,039</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>66,387</td>
<td>4,458</td>
<td>29,827</td>
<td>100,672</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>80,432</td>
<td>136,829</td>
<td>82,894</td>
<td>300,155</td>
</tr>
<tr>
<td>H60–H95 Diseases of the ear and mastoid process</td>
<td>18,365</td>
<td>3,112</td>
<td>19,411</td>
<td>40,888</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>80,764</td>
<td>19,338</td>
<td>46,229</td>
<td>146,331</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>53,962</td>
<td>3,463</td>
<td>14,831</td>
<td>72,256</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>178,305</td>
<td>151,073</td>
<td>240,488</td>
<td>569,866</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>36,786</td>
<td>11,347</td>
<td>21,632</td>
<td>69,765</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>74,977</td>
<td>18,215</td>
<td>113,945</td>
<td>207,137</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>108,344</td>
<td>20,027</td>
<td>87,975</td>
<td>216,346</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>75,963</td>
<td>39,539</td>
<td>15,954</td>
<td>131,456</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>2,307</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,744</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>11,628</td>
<td>1,639</td>
<td>5,022</td>
<td>18,289</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>212,757</td>
<td>45,183</td>
<td>100,847</td>
<td>358,767</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>163,915</td>
<td>5,717</td>
<td>27,678</td>
<td>197,310</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>1,313,944</td>
<td>288,716</td>
<td>456,261</td>
<td>2,058,921</td>
</tr>
<tr>
<td>Not reported</td>
<td>623</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,538</td>
</tr>
<tr>
<td>Total</td>
<td>2,777,380</td>
<td>841,327</td>
<td>1,557,844</td>
<td>5,176,551</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 8.17 and 8.18 at the end of this chapter.
Public and private hospitals also differed substantially in the relative distributions of principal diagnoses at the 3-character level. Public hospitals accounted for the majority (82%) of same-day acute separations for Care involving dialysis, but private hospitals provided more same-day acute separations for Other malignant neoplasms of skin (72%) Other cataract (68%) and Other medical care (61%, which includes chemotherapy for neoplasms) (Table 8.8).

Table 8.8: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for same-day acute separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z49 Care involving dialysis</td>
<td>1,023,065</td>
<td>124,289</td>
<td>93,646</td>
<td>1,241,000</td>
</tr>
<tr>
<td>Z51 Other medical care</td>
<td>146,510</td>
<td>62,387</td>
<td>166,915</td>
<td>375,812</td>
</tr>
<tr>
<td>H26 Other cataract</td>
<td>55,854</td>
<td>59,006</td>
<td>58,011</td>
<td>172,871</td>
</tr>
<tr>
<td>R10 Abdominal and pelvic pain</td>
<td>42,686</td>
<td>20,968</td>
<td>28,248</td>
<td>91,902</td>
</tr>
<tr>
<td>C44 Other malignant neoplasms of skin</td>
<td>23,533</td>
<td>26,346</td>
<td>33,348</td>
<td>83,227</td>
</tr>
<tr>
<td>K01 Embedded and impacted teeth</td>
<td>7,899</td>
<td>19,295</td>
<td>48,004</td>
<td>75,198</td>
</tr>
<tr>
<td>Z45 Adjustment and management of implanted device</td>
<td>21,077</td>
<td>7,281</td>
<td>40,480</td>
<td>68,271</td>
</tr>
<tr>
<td>Z31 Procreative management</td>
<td>5,590</td>
<td>40,161</td>
<td>22,520</td>
<td>68,271</td>
</tr>
<tr>
<td>R07 Pain in throat and chest</td>
<td>57,605</td>
<td>1,382</td>
<td>7,289</td>
<td>66,276</td>
</tr>
<tr>
<td>Z09 Follow-up examination after treatment for conditions other than malignant neoplasms</td>
<td>16,970</td>
<td>14,761</td>
<td>30,256</td>
<td>61,987</td>
</tr>
<tr>
<td>K21 Gastro-oesophageal reflux disease</td>
<td>14,662</td>
<td>19,403</td>
<td>27,160</td>
<td>61,225</td>
</tr>
<tr>
<td>D12 Benign neoplasm of colon, rectum, anus and anal canal</td>
<td>12,012</td>
<td>18,149</td>
<td>27,788</td>
<td>57,949</td>
</tr>
<tr>
<td>Z12 Special screening examination for neoplasms</td>
<td>10,854</td>
<td>16,827</td>
<td>28,407</td>
<td>56,088</td>
</tr>
<tr>
<td>K92 Other diseases of digestive system</td>
<td>19,971</td>
<td>8,007</td>
<td>22,875</td>
<td>50,853</td>
</tr>
<tr>
<td>M23 Internal derangement of knee</td>
<td>10,337</td>
<td>3,384</td>
<td>36,496</td>
<td>50,217</td>
</tr>
<tr>
<td>Z08 Follow-up examination after treatment for malignant neoplasms</td>
<td>20,330</td>
<td>14,761</td>
<td>24,332</td>
<td>48,922</td>
</tr>
<tr>
<td>O04 Medical abortion</td>
<td>8,763</td>
<td>38,279</td>
<td>992</td>
<td>48,034</td>
</tr>
<tr>
<td>H35 Other retinal disorders</td>
<td>2,178</td>
<td>35,076</td>
<td>7,606</td>
<td>44,860</td>
</tr>
<tr>
<td>R19 Other symptoms and signs involving the digestive system and abdomen</td>
<td>12,962</td>
<td>19,403</td>
<td>22,354</td>
<td>44,106</td>
</tr>
<tr>
<td>I84 Haemorrhoids</td>
<td>10,712</td>
<td>14,031</td>
<td>16,103</td>
<td>40,846</td>
</tr>
<tr>
<td>Other</td>
<td>1,253,810</td>
<td>299,245</td>
<td>815,014</td>
<td>2,368,069</td>
</tr>
<tr>
<td>Total</td>
<td>2,777,380</td>
<td>841,327</td>
<td>1,557,844</td>
<td>5,176,551</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables S8.1 and S8.2 accompanying this report online.

How urgent was the care?

Table 8.9 includes information on urgency of admission and whether the separations were considered to be Childbirth, Specialist mental health, Surgical, Medical or Other. See the section ‘What care was provided?’ for more information on these types of care.

In 2011–12, about 12% of same day acute separations were Emergency admissions (required within 24 hours), 97% of which were in public hospitals. About 86% of same-day acute separations were Non-emergency admissions (includes elective and other planned care), and these occurred equally in public and private hospitals (Table 8.9).
### Table 8.9: Same-day acute separations, by urgency of admission and broad category of service(a), public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Separations</td>
<td>Per cent (column)</td>
<td>Separations</td>
</tr>
<tr>
<td>Childbirth</td>
<td>8,032</td>
<td>0.3</td>
<td>135</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>15,862</td>
<td>0.6</td>
<td>102,611</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>22,400</td>
<td>0.8</td>
<td>4,807</td>
</tr>
<tr>
<td>Medical</td>
<td>559,834</td>
<td>20.2</td>
<td>10,781</td>
</tr>
<tr>
<td>Other</td>
<td>4,455</td>
<td>0.2</td>
<td>3,488</td>
</tr>
<tr>
<td>Total emergency</td>
<td>586,689</td>
<td>21.1</td>
<td>19,076</td>
</tr>
<tr>
<td>Non-emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>358,485</td>
<td>12.9</td>
<td>801,039</td>
</tr>
<tr>
<td>Medical</td>
<td>1,553,673</td>
<td>55.9</td>
<td>770,633</td>
</tr>
<tr>
<td>Other</td>
<td>254,639</td>
<td>9.2</td>
<td>705,677</td>
</tr>
<tr>
<td>Total non-emergency</td>
<td>2,166,797</td>
<td>78.0</td>
<td>2,277,349</td>
</tr>
<tr>
<td>Total</td>
<td>2,777,380</td>
<td>100.0</td>
<td>2,399,171</td>
</tr>
</tbody>
</table>

(a) Separations have been categorised as Childbirth, Specialist mental health, Medical, Surgical or Other based mainly on the AR-DRG classification recorded for the separation. See Chapter 7 and Appendix B for more information.

**What care was provided?**

This section presents information on same-day acute separations describing care by:

- the broad category of service—Childbirth, Specialist mental health, Medical (not involving a procedure), Surgical (involving an operating room procedure) or Other (involving a non-operating room procedure, such as endoscopy). See Chapter 7 and Appendix B for more information.
- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations.
- the type of surgical or other procedure undertaken.

**Broad categories of service**

In 2011–12, more than half (56%) of same-day acute separations were reported as Medical, 23% were Surgical and 19% were Other care (excluding Childbirth and Specialist mental health, Table 8.9). The majority of Medical care occurred in public hospitals (73%) and the majority of Surgical care occurred in private hospitals (68%). Specialist mental health admissions accounted for about 2.2% of same-day acute separations.

**Major Diagnostic Categories**

Table 8.10 presents same-day acute separations by MDCs for public and private hospitals. Diseases and disorders of the kidney and urinary tract accounted for more than one-quarter (27%) of same-day acute separations, and 80% of these separations were from public hospitals.

About 70% of same-day acute separations for Mental diseases and disorders and 72% for Diseases and disorders of the eye were from private hospitals.
Table 8.10: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>292</td>
<td>5</td>
<td>156</td>
<td>453</td>
</tr>
<tr>
<td>01 Diseases and disorders of the nervous system</td>
<td>106,333</td>
<td>6,369</td>
<td>32,650</td>
<td>145,352</td>
</tr>
<tr>
<td>02 Diseases and disorders of the eye</td>
<td>87,814</td>
<td>138,984</td>
<td>84,641</td>
<td>311,439</td>
</tr>
<tr>
<td>03 Diseases and disorders of the ear, nose, mouth and throat</td>
<td>92,826</td>
<td>43,843</td>
<td>116,420</td>
<td>253,089</td>
</tr>
<tr>
<td>04 Diseases and disorders of the respiratory system</td>
<td>51,812</td>
<td>755</td>
<td>7,333</td>
<td>59,900</td>
</tr>
<tr>
<td>05 Diseases and disorders of the circulatory system</td>
<td>141,563</td>
<td>6,836</td>
<td>40,558</td>
<td>189,004</td>
</tr>
<tr>
<td>06 Diseases and disorders of the digestive system</td>
<td>255,526</td>
<td>190,457</td>
<td>281,428</td>
<td>727,411</td>
</tr>
<tr>
<td>07 Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>18,902</td>
<td>567</td>
<td>4,861</td>
<td>24,330</td>
</tr>
<tr>
<td>08 Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>139,543</td>
<td>20,300</td>
<td>136,878</td>
<td>296,721</td>
</tr>
<tr>
<td>09 Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>95,326</td>
<td>56,614</td>
<td>87,908</td>
<td>239,848</td>
</tr>
<tr>
<td>10 Endocrine, nutritional and metabolic diseases and disorders</td>
<td>24,029</td>
<td>4,108</td>
<td>12,107</td>
<td>40,244</td>
</tr>
<tr>
<td>11 Diseases and disorders of the kidney and urinary tract</td>
<td>1,107,299</td>
<td>135,225</td>
<td>146,094</td>
<td>1,388,618</td>
</tr>
<tr>
<td>12 Diseases and disorders of the male reproductive system</td>
<td>25,652</td>
<td>7,206</td>
<td>37,012</td>
<td>69,870</td>
</tr>
<tr>
<td>13 Diseases and disorders of the female reproductive system</td>
<td>72,750</td>
<td>51,473</td>
<td>83,290</td>
<td>207,513</td>
</tr>
<tr>
<td>14 Pregnancy, childbirth and puerperium</td>
<td>88,267</td>
<td>39,541</td>
<td>17,818</td>
<td>145,626</td>
</tr>
<tr>
<td>15 Newborns and other neonates</td>
<td>5,909</td>
<td>465</td>
<td>962</td>
<td>7,336</td>
</tr>
<tr>
<td>16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>67,285</td>
<td>15,294</td>
<td>25,761</td>
<td>108,340</td>
</tr>
<tr>
<td>17 Neoplastic disorders (haematological and solid neoplasms)</td>
<td>172,145</td>
<td>66,818</td>
<td>178,607</td>
<td>417,570</td>
</tr>
<tr>
<td>18 Infectious and parasitic diseases</td>
<td>13,249</td>
<td>475</td>
<td>1,737</td>
<td>15,461</td>
</tr>
<tr>
<td>19 Mental diseases and disorders</td>
<td>37,112</td>
<td>263</td>
<td>88,556</td>
<td>125,931</td>
</tr>
<tr>
<td>20 Alcohol/drug use and alcohol/drug induced organic mental disorders</td>
<td>10,892</td>
<td>0</td>
<td>23,028</td>
<td>33,920</td>
</tr>
<tr>
<td>21 Injuries, poisoning and toxic effects of drugs</td>
<td>61,775</td>
<td>2,220</td>
<td>7,638</td>
<td>71,633</td>
</tr>
<tr>
<td>22 Burns</td>
<td>2,954</td>
<td>18</td>
<td>71</td>
<td>3,043</td>
</tr>
<tr>
<td>23 Factors influencing health status and other contacts with health services</td>
<td>96,543</td>
<td>52,230</td>
<td>141,234</td>
<td>290,007</td>
</tr>
<tr>
<td>ED Error DRGs ((a))</td>
<td>1,582</td>
<td>1,214</td>
<td>1,096</td>
<td>3,892</td>
</tr>
<tr>
<td>Surgical</td>
<td>381,144</td>
<td>317,628</td>
<td>488,255</td>
<td>1,187,027</td>
</tr>
<tr>
<td>Medical</td>
<td>2,132,441</td>
<td>264,416</td>
<td>613,998</td>
<td>3,010,855</td>
</tr>
<tr>
<td>Other</td>
<td>263,795</td>
<td>259,283</td>
<td>455,591</td>
<td>978,669</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,777,380</strong></td>
<td><strong>841,327</strong></td>
<td><strong>1,557,844</strong></td>
<td><strong>5,176,551</strong></td>
</tr>
</tbody>
</table>

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—major diagnostic category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 8.20 and 8.21 at the end of this chapter.
Most common AR-DRGs

In 2011–12, the 20 most common AR-DRGs accounted for just over two-thirds (68%) of same-day acute separations. Almost one-quarter of same-day acute separations were for *Haemodialysis*, with *Chemotherapy* the next most common category (Table 8.11).

Public hospitals provided the majority (82%) of same-day separations for *Haemodialysis*, and private hospitals provided more than 90% of separations for *Retinal procedures*.

Table 8.11: Separations for the 20 most common AR-DRGs version 6.0x for same-day acute separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>AR-DRG</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>L61Z Haemodialysis</td>
<td>1,016,708</td>
<td>123,732</td>
<td>93,504</td>
<td>1,233,944</td>
</tr>
<tr>
<td>R63Z Chemotherapy</td>
<td>141,876</td>
<td>60,797</td>
<td>166,136</td>
<td>368,809</td>
</tr>
<tr>
<td>G48C Colonoscopy, same-day</td>
<td>59,260</td>
<td>80,226</td>
<td>108,965</td>
<td>248,451</td>
</tr>
<tr>
<td>C16Z Lens procedures</td>
<td>60,745</td>
<td>79,124</td>
<td>62,802</td>
<td>202,671</td>
</tr>
<tr>
<td>G47C Other gastroscopy, same-day</td>
<td>39,102</td>
<td>52,922</td>
<td>60,894</td>
<td>152,918</td>
</tr>
<tr>
<td>G46C Complex gastroscopy, same-day</td>
<td>30,014</td>
<td>50,832</td>
<td>70,208</td>
<td>151,054</td>
</tr>
<tr>
<td>Z40Z Endoscopy with diagnoses of other contacts with health services, same-day</td>
<td>40,604</td>
<td>35,909</td>
<td>74,151</td>
<td>150,664</td>
</tr>
<tr>
<td>D40Z Dental extractions and restorations</td>
<td>22,701</td>
<td>29,570</td>
<td>68,934</td>
<td>121,205</td>
</tr>
<tr>
<td>Z64B Other factors influencing health status, same-day</td>
<td>43,748</td>
<td>14,923</td>
<td>58,039</td>
<td>116,710</td>
</tr>
<tr>
<td>U60Z Mental health treatment, same-day, without ECT</td>
<td>24,356</td>
<td>202</td>
<td>82,763</td>
<td>107,321</td>
</tr>
<tr>
<td>J11Z Other skin, subcutaneous tissue and breast procedures</td>
<td>34,903</td>
<td>23,885</td>
<td>36,390</td>
<td>95,178</td>
</tr>
<tr>
<td>I18Z Other knee procedures</td>
<td>15,090</td>
<td>4,469</td>
<td>53,930</td>
<td>73,489</td>
</tr>
<tr>
<td>N07Z Other uterine and adnexa procedures for non-malignancy</td>
<td>15,348</td>
<td>23,003</td>
<td>31,887</td>
<td>70,238</td>
</tr>
<tr>
<td>O05Z Abortion with OR procedure</td>
<td>20,977</td>
<td>38,939</td>
<td>9,297</td>
<td>69,213</td>
</tr>
<tr>
<td>Q61B Red blood cell disorders without catastrophic or severe CC</td>
<td>42,527</td>
<td>8,435</td>
<td>17,027</td>
<td>67,989</td>
</tr>
<tr>
<td>F74Z Chest pain</td>
<td>54,256</td>
<td>831</td>
<td>3,205</td>
<td>58,292</td>
</tr>
<tr>
<td>L41Z Cystourethroscopy, same-day</td>
<td>25,910</td>
<td>3,985</td>
<td>27,723</td>
<td>57,618</td>
</tr>
<tr>
<td>O66B False labour</td>
<td>46,846</td>
<td>34</td>
<td>5,719</td>
<td>52,599</td>
</tr>
<tr>
<td>C03Z Retinal procedures</td>
<td>4,554</td>
<td>37,702</td>
<td>9,067</td>
<td>51,323</td>
</tr>
<tr>
<td>I68C Non-surgical spinal disorders, same-day</td>
<td>19,601</td>
<td>6,980</td>
<td>18,303</td>
<td>44,884</td>
</tr>
<tr>
<td>Other</td>
<td>1,018,254</td>
<td>164,827</td>
<td>498,900</td>
<td>1,681,981</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,777,380</strong></td>
<td><strong>841,327</strong></td>
<td><strong>1,557,844</strong></td>
<td><strong>5,176,551</strong></td>
</tr>
</tbody>
</table>

CC—complications and comorbidities; ECT—electroconvulsive therapy; OR—operating room.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables S8.3 and S8.4 that accompany this report online.

Procedures

In 2011–12, 7.7 million procedures were reported for same-day acute separations, with more than 4.5 million in the private sector. Public hospitals accounted for 42% of the same-day acute separations for which a procedure was reported (Table 8.12). In public hospitals, 79% of same-day acute separations involved a procedure, compared with 97% of separations in private hospitals. See Box 7.1 and Appendix B for information on the classification of procedures.
Table 8.12: Procedures(a) reported for same-day acute separations, by ACHI chapter, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86 Procedures on nervous system</td>
<td>27,249</td>
<td>14,044</td>
<td>41,225</td>
<td>82,518</td>
</tr>
<tr>
<td>110–129 Procedures on endocrine system</td>
<td>242</td>
<td>4</td>
<td>145</td>
<td>391</td>
</tr>
<tr>
<td>160–256 Procedures on eye and adnexa</td>
<td>80,015</td>
<td>134,993</td>
<td>81,657</td>
<td>296,665</td>
</tr>
<tr>
<td>300–333 Procedures on ear and mastoid process</td>
<td>17,630</td>
<td>3,121</td>
<td>20,906</td>
<td>41,657</td>
</tr>
<tr>
<td>370–422 Procedures on nose, mouth and pharynx</td>
<td>20,067</td>
<td>8,328</td>
<td>24,285</td>
<td>52,680</td>
</tr>
<tr>
<td>450–490 Dental services</td>
<td>24,824</td>
<td>33,627</td>
<td>74,806</td>
<td>133,257</td>
</tr>
<tr>
<td>520–570 Procedures on respiratory system</td>
<td>19,045</td>
<td>207</td>
<td>7,489</td>
<td>26,741</td>
</tr>
<tr>
<td>600–777 Procedures on cardiovascular system</td>
<td>45,879</td>
<td>8,095</td>
<td>37,038</td>
<td>91,012</td>
</tr>
<tr>
<td>800–817 Procedures on blood and blood-forming organs</td>
<td>12,941</td>
<td>1,895</td>
<td>5,292</td>
<td>20,128</td>
</tr>
<tr>
<td>850–1011 Procedures on digestive system</td>
<td>224,251</td>
<td>239,602</td>
<td>379,366</td>
<td>843,219</td>
</tr>
<tr>
<td>1040–1129 Procedures on urinary system</td>
<td>1,087,650</td>
<td>137,601</td>
<td>167,395</td>
<td>1,392,646</td>
</tr>
<tr>
<td>1160–1203 Procedures on male genital organs</td>
<td>22,813</td>
<td>7,065</td>
<td>37,683</td>
<td>67,561</td>
</tr>
<tr>
<td>1240–1299 Gynaecological procedures</td>
<td>85,792</td>
<td>90,834</td>
<td>90,119</td>
<td>266,745</td>
</tr>
<tr>
<td>1330–1347 Obstetric procedures</td>
<td>7,916</td>
<td>20</td>
<td>1,761</td>
<td>9,697</td>
</tr>
<tr>
<td>1360–1579 Procedures on musculoskeletal system</td>
<td>78,135</td>
<td>17,249</td>
<td>121,133</td>
<td>216,517</td>
</tr>
<tr>
<td>1600–1718 Dermatological and plastic procedures</td>
<td>91,379</td>
<td>59,029</td>
<td>91,682</td>
<td>242,090</td>
</tr>
<tr>
<td>1740–1759 Procedures on breast</td>
<td>7,545</td>
<td>4,983</td>
<td>10,802</td>
<td>23,330</td>
</tr>
<tr>
<td>1786–1799 Radiation oncology procedures</td>
<td>1,877</td>
<td>304</td>
<td>582</td>
<td>2,763</td>
</tr>
<tr>
<td>1820–1922 Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>1,018,727</td>
<td>550,066</td>
<td>1,309,998</td>
<td>2,878,791</td>
</tr>
<tr>
<td>1940–2016 Imaging services</td>
<td>19,901</td>
<td>1,583</td>
<td>17,306</td>
<td>38,790</td>
</tr>
<tr>
<td>Procedures reported</td>
<td>3,221,019</td>
<td>1,540,315</td>
<td>2,983,329</td>
<td>7,744,663</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>569,765</td>
<td>2,995</td>
<td>58,368</td>
<td>631,128</td>
</tr>
<tr>
<td><strong>Total separations</strong></td>
<td><strong>2,777,380</strong></td>
<td><strong>841,327</strong></td>
<td><strong>1,557,844</strong></td>
<td><strong>5,176,551</strong></td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables 8.22 and 8.23 at the end of this chapter.

In 2011–12, Cerebral anaesthesia (general anaesthesia) was the most common procedure overall, reflecting that it is a companion procedure for many other procedures (Table 8.13). Apart from Cerebral anaesthesia, the most frequently reported procedure groups were Haemodialysis, Administration of pharmacotherapy (including chemotherapy) and Fibreoptic colonoscopy.
Table 8.13: Procedures(a) reported for the 20 most common ACHI procedure blocks for same-day acute separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure block</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1910 Cerebral anaesthesia</td>
<td>630,656</td>
<td>448,105</td>
<td>958,629</td>
<td>2,037,390</td>
</tr>
<tr>
<td>1060 Haemodialysis</td>
<td>1,017,937</td>
<td>129,085</td>
<td>93,516</td>
<td>1,240,538</td>
</tr>
<tr>
<td>1920 Administration of pharmacotherapy</td>
<td>217,975</td>
<td>66,352</td>
<td>198,545</td>
<td>482,872</td>
</tr>
<tr>
<td>911 Fibreoptic colonoscopy with excision</td>
<td>64,537</td>
<td>87,510</td>
<td>144,938</td>
<td>296,985</td>
</tr>
<tr>
<td>1008 Panendoscopy with excision</td>
<td>67,984</td>
<td>89,919</td>
<td>137,045</td>
<td>294,948</td>
</tr>
<tr>
<td>905 Fibreoptic colonoscopy</td>
<td>68,927</td>
<td>89,888</td>
<td>130,259</td>
<td>289,074</td>
</tr>
<tr>
<td>197 Extracapsular crystalline lens extraction by phacoemulsification</td>
<td>60,401</td>
<td>77,928</td>
<td>59,588</td>
<td>197,917</td>
</tr>
<tr>
<td>1909 Conduction anaesthesia</td>
<td>62,709</td>
<td>56,857</td>
<td>59,146</td>
<td>178,712</td>
</tr>
<tr>
<td>1620 Excision of lesion(s) of skin and subcutaneous tissue</td>
<td>47,485</td>
<td>38,555</td>
<td>61,690</td>
<td>147,730</td>
</tr>
<tr>
<td>1265 Curettage and evacuation of uterus</td>
<td>52,501</td>
<td>43,004</td>
<td>46,097</td>
<td>141,602</td>
</tr>
<tr>
<td>1893 Administration of blood and blood products</td>
<td>79,829</td>
<td>18,058</td>
<td>29,888</td>
<td>127,775</td>
</tr>
<tr>
<td>458 Surgical removal of tooth</td>
<td>12,126</td>
<td>25,533</td>
<td>62,889</td>
<td>100,548</td>
</tr>
<tr>
<td>1089 Examination procedures on bladder</td>
<td>36,376</td>
<td>6,215</td>
<td>43,424</td>
<td>86,015</td>
</tr>
<tr>
<td>1916 Generalised allied health interventions</td>
<td>41,561</td>
<td>507</td>
<td>35,175</td>
<td>77,243</td>
</tr>
<tr>
<td>1005 Panendoscopy</td>
<td>19,313</td>
<td>30,028</td>
<td>25,576</td>
<td>74,917</td>
</tr>
<tr>
<td>1297 Procedures for reproductive medicine</td>
<td>5,535</td>
<td>42,804</td>
<td>22,302</td>
<td>70,641</td>
</tr>
<tr>
<td>1259 Examination procedures on uterus</td>
<td>27,103</td>
<td>3,409</td>
<td>30,300</td>
<td>60,812</td>
</tr>
<tr>
<td>1922 Other procedures related to pharmacotherapy</td>
<td>11,562</td>
<td>6,934</td>
<td>31,994</td>
<td>50,490</td>
</tr>
<tr>
<td>1873 Psychological/psychosocial therapies</td>
<td>77</td>
<td>0</td>
<td>46,001</td>
<td>46,078</td>
</tr>
<tr>
<td>1517 Arthroscopic meniscectomy of knee with repair</td>
<td>6,602</td>
<td>2,959</td>
<td>33,971</td>
<td>43,532</td>
</tr>
<tr>
<td>Other</td>
<td>689,823</td>
<td>276,665</td>
<td>732,356</td>
<td>1,698,844</td>
</tr>
<tr>
<td><strong>Procedures reported</strong></td>
<td>3,221,019</td>
<td>1,540,315</td>
<td>2,983,329</td>
<td>7,744,663</td>
</tr>
<tr>
<td><strong>No procedure or not reported</strong></td>
<td>569,765</td>
<td>2,995</td>
<td>58,368</td>
<td>631,128</td>
</tr>
<tr>
<td><strong>Total separations</strong></td>
<td>2,777,380</td>
<td>841,327</td>
<td>1,557,844</td>
<td>5,176,551</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the table may not equal the sum of counts in the rows.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables S8.5 and S8.6 that accompany this report online.

Who paid for the care?

About 87% of same-day acute separations from public hospitals were Public patients, and about 80% of same-day acute separations from private hospitals were funded by Private health insurance (Table 8.14). Just over two-thirds of same-day separations that were funded by the Department of Veterans’ Affairs were from private hospitals. One in 10 same-day acute separations from private hospitals were Self-funded, with a higher proportion occurring in Private free-standing day facilities (17%) than in Other private hospitals (7%).
Table 8.14: Same-day acute separations, by principal source of funds, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal source of funds</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public patients(^{(a)})</td>
<td>2,411,842</td>
<td>76,151</td>
<td>26,657</td>
<td>2,514,650</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>257,147</td>
<td>591,528</td>
<td>1,317,204</td>
<td>2,165,879</td>
</tr>
<tr>
<td>Self-funded</td>
<td>36,152</td>
<td>138,890</td>
<td>101,600</td>
<td>276,642</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>9,350</td>
<td>3,510</td>
<td>24,736</td>
<td>37,596</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>8,324</td>
<td>1,450</td>
<td>2,175</td>
<td>11,949</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>43,598</td>
<td>23,803</td>
<td>68,485</td>
<td>135,886</td>
</tr>
<tr>
<td>Other(^{(b)})</td>
<td>10,967</td>
<td>5,995</td>
<td>16,987</td>
<td>33,949</td>
</tr>
<tr>
<td><strong>Total same-day acute separations</strong></td>
<td>2,777,380</td>
<td>841,327</td>
<td>1,557,844</td>
<td>5,176,551</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a Public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefits Schedule.

\(^{(b)}\) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How was the care completed?

About 96% of same-day acute separations had a mode of separation of Other, suggesting that most patients went home after their episode of care. In private hospitals, 98% of separations reported a mode of separation of Other, compared with 94% in public hospitals. A higher proportion of public hospital same-day separations ended with a Transfer to another hospital (acute or psychiatric) compared with private hospital (4.4% and 0.7%, respectively) (Table 8.15).

Table 8.15: Same-day acute separations, by mode of separation, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Mode of separation</th>
<th>Public hospitals</th>
<th>Private free-standing day facilities</th>
<th>Other private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge/transfer to an (other) acute hospital</td>
<td>121,403</td>
<td>10,404</td>
<td>5,297</td>
<td>137,104</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service(^{(a)})</td>
<td>11,573</td>
<td>12</td>
<td>230</td>
<td>11,815</td>
</tr>
<tr>
<td>Discharge/transfer to an (other) psychiatric hospital</td>
<td>1,841</td>
<td>6</td>
<td>18</td>
<td>1,865</td>
</tr>
<tr>
<td>Discharge/transfer to other health care accommodation</td>
<td>2,226</td>
<td>69</td>
<td>28,528</td>
<td>30,823</td>
</tr>
<tr>
<td>Statistical discharge: type change</td>
<td>4,604</td>
<td>0</td>
<td>313</td>
<td>4,917</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>15,929</td>
<td>24</td>
<td>470</td>
<td>16,423</td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td>400</td>
<td>0</td>
<td>32</td>
<td>432</td>
</tr>
<tr>
<td>Died</td>
<td>5,766</td>
<td>5</td>
<td>325</td>
<td>6,096</td>
</tr>
<tr>
<td>Other(^{(b)})</td>
<td>2,613,591</td>
<td>830,807</td>
<td>1,522,618</td>
<td>4,967,016</td>
</tr>
<tr>
<td>Not reported</td>
<td>47</td>
<td>0</td>
<td>13</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,777,380</td>
<td>841,327</td>
<td>1,557,844</td>
<td>5,176,551</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Unless this is the usual place of residence.

\(^{(b)}\) Includes Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute</td>
<td>726,234</td>
<td>882,681</td>
<td>492,281</td>
<td>316,639</td>
<td>182,629</td>
<td>50,455</td>
<td>51,505</td>
<td>74,323</td>
<td>2,776,747</td>
</tr>
<tr>
<td>Public psychiatric</td>
<td>200</td>
<td>6</td>
<td>0</td>
<td>30</td>
<td>390</td>
<td>7</td>
<td>.</td>
<td>.</td>
<td>633</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>726,434</td>
<td>882,687</td>
<td>492,281</td>
<td>316,669</td>
<td>183,019</td>
<td>50,462</td>
<td>51,505</td>
<td>74,323</td>
<td>2,777,380</td>
</tr>
<tr>
<td>Separation rate</td>
<td>94.4</td>
<td>151.4</td>
<td>108.1</td>
<td>133.7</td>
<td>102.4</td>
<td>90.1</td>
<td>148.2</td>
<td>353.1</td>
<td>119.0</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day facilities</td>
<td>225,556</td>
<td>209,486</td>
<td>210,391</td>
<td>119,184</td>
<td>65,114</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>841,327</td>
</tr>
<tr>
<td>Separation rate</td>
<td>84.6</td>
<td>102.9</td>
<td>127.0</td>
<td>126.9</td>
<td>97.5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>101.7</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>1,378,096</td>
<td>1,484,382</td>
<td>1,079,210</td>
<td>619,231</td>
<td>363,691</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5,176,551</td>
</tr>
<tr>
<td>Separation rate</td>
<td>179.0</td>
<td>254.3</td>
<td>235.1</td>
<td>260.5</td>
<td>199.9</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>220.7</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 8.17: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>7,713</td>
<td>13,277</td>
<td>8,264</td>
<td>3,784</td>
<td>1,669</td>
<td>221</td>
<td>391</td>
<td>374</td>
<td>35,693</td>
</tr>
<tr>
<td>C00–D48 Neoplasms</td>
<td>31,450</td>
<td>40,897</td>
<td>22,220</td>
<td>14,431</td>
<td>10,400</td>
<td>3,087</td>
<td>882</td>
<td>919</td>
<td>124,286</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>12,648</td>
<td>22,323</td>
<td>8,729</td>
<td>4,057</td>
<td>1,403</td>
<td>1,056</td>
<td>334</td>
<td></td>
<td>57,822</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>6,188</td>
<td>12,499</td>
<td>4,811</td>
<td>1,728</td>
<td>1,011</td>
<td>470</td>
<td>708</td>
<td></td>
<td>32,201</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>13,852</td>
<td>13,439</td>
<td>9,546</td>
<td>4,835</td>
<td>3,833</td>
<td>1,135</td>
<td>372</td>
<td>907</td>
<td>47,919</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>6,188</td>
<td>12,499</td>
<td>4,786</td>
<td>4,811</td>
<td>1,728</td>
<td>1,011</td>
<td>470</td>
<td>708</td>
<td>32,201</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>23,803</td>
<td>22,751</td>
<td>10,111</td>
<td>8,591</td>
<td>1,157</td>
<td>1,271</td>
<td>753</td>
<td></td>
<td>80,432</td>
</tr>
<tr>
<td>H60–H95 Diseases of the ear and mastoid process</td>
<td>3,711</td>
<td>5,716</td>
<td>4,458</td>
<td>1,904</td>
<td>1,791</td>
<td>268</td>
<td>272</td>
<td>245</td>
<td>18,365</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>22,121</td>
<td>24,772</td>
<td>14,822</td>
<td>9,049</td>
<td>6,371</td>
<td>1,385</td>
<td>1,616</td>
<td>628</td>
<td>80,764</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>13,565</td>
<td>17,030</td>
<td>13,127</td>
<td>4,645</td>
<td>3,362</td>
<td>717</td>
<td>616</td>
<td>900</td>
<td>53,962</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>49,407</td>
<td>58,973</td>
<td>28,971</td>
<td>23,266</td>
<td>7,850</td>
<td>4,813</td>
<td>2,978</td>
<td>2,047</td>
<td>178,305</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>8,423</td>
<td>10,689</td>
<td>7,054</td>
<td>3,819</td>
<td>4,783</td>
<td>992</td>
<td>432</td>
<td>594</td>
<td>36,786</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>18,525</td>
<td>22,377</td>
<td>12,666</td>
<td>9,538</td>
<td>7,369</td>
<td>2,036</td>
<td>1,717</td>
<td>749</td>
<td>74,977</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>29,269</td>
<td>34,621</td>
<td>20,584</td>
<td>11,594</td>
<td>7,521</td>
<td>2,139</td>
<td>1,535</td>
<td>1,081</td>
<td>108,344</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>20,673</td>
<td>18,901</td>
<td>18,655</td>
<td>5,531</td>
<td>7,607</td>
<td>1,040</td>
<td>1,045</td>
<td>2,511</td>
<td>75,963</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>880</td>
<td>494</td>
<td>488</td>
<td>201</td>
<td>111</td>
<td>38</td>
<td>63</td>
<td>32</td>
<td>2,307</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>4,018</td>
<td>3,123</td>
<td>2,036</td>
<td>1,026</td>
<td>887</td>
<td>223</td>
<td>249</td>
<td>66</td>
<td>11,628</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>51,979</td>
<td>73,224</td>
<td>38,510</td>
<td>27,555</td>
<td>12,303</td>
<td>2,998</td>
<td>3,982</td>
<td>2,206</td>
<td>212,757</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>44,051</td>
<td>50,587</td>
<td>34,314</td>
<td>17,337</td>
<td>9,785</td>
<td>1,893</td>
<td>3,174</td>
<td>2,774</td>
<td>163,915</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>349,170</td>
<td>411,420</td>
<td>221,043</td>
<td>147,024</td>
<td>79,060</td>
<td>22,143</td>
<td>28,029</td>
<td>56,055</td>
<td>1,313,944</td>
</tr>
<tr>
<td>Not reported</td>
<td>523</td>
<td>98</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>623</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>726,434</td>
<td>882,687</td>
<td>492,281</td>
<td>316,669</td>
<td>183,019</td>
<td>50,462</td>
<td>51,505</td>
<td>74,323</td>
<td>2,777,380</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
### Table 8.18: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>2,841</td>
<td>2,478</td>
<td>2,928</td>
<td>1,269</td>
<td>727</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>10,706</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>6,902</td>
<td>8,842</td>
<td>14,798</td>
<td>2,154</td>
<td>2,664</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>36,650</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>3,617</td>
<td>5,194</td>
<td>4,576</td>
<td>2,663</td>
<td>1,480</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>18,287</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>48,602</td>
<td>44,186</td>
<td>58,125</td>
<td>23,331</td>
<td>19,951</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>208,406</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>8,411</td>
<td>7,922</td>
<td>9,557</td>
<td>5,039</td>
<td>2,251</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>34,285</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>76,986</td>
<td>44,186</td>
<td>58,125</td>
<td>23,331</td>
<td>19,951</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>219,723</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>21,687</td>
<td>17,069</td>
<td>11,592</td>
<td>7,435</td>
<td>4,824</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>65,567</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>6,348</td>
<td>3,921</td>
<td>4,754</td>
<td>1,362</td>
<td>1,265</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>18,294</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>116,398</td>
<td>113,133</td>
<td>85,603</td>
<td>37,190</td>
<td>26,835</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>391,561</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>8,934</td>
<td>9,018</td>
<td>6,265</td>
<td>3,834</td>
<td>3,910</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>32,979</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>35,886</td>
<td>33,579</td>
<td>25,296</td>
<td>17,268</td>
<td>14,942</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>132,160</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>38,383</td>
<td>26,961</td>
<td>21,867</td>
<td>10,125</td>
<td>6,520</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>108,002</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>11,004</td>
<td>18,574</td>
<td>15,356</td>
<td>8,656</td>
<td>956</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>55,493</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>68</td>
<td>157</td>
<td>55</td>
<td>56</td>
<td>43</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>437</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>2,359</td>
<td>1,552</td>
<td>1,381</td>
<td>640</td>
<td>513</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>6,661</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>40,660</td>
<td>45,137</td>
<td>31,150</td>
<td>15,987</td>
<td>8,370</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>146,030</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>9,141</td>
<td>7,599</td>
<td>7,108</td>
<td>3,403</td>
<td>5,006</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>33,395</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>150,475</td>
<td>186,726</td>
<td>196,406</td>
<td>134,135</td>
<td>63,288</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>744,977</td>
</tr>
<tr>
<td>Not reported</td>
<td>0</td>
<td>911</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>915</td>
</tr>
</tbody>
</table>

*Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.*
<table>
<thead>
<tr>
<th>Table 8.19: Same-day acute separations by broad categories of service(a), public and private hospitals, states and territories, 2011–12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSW</strong></td>
</tr>
<tr>
<td>Childbirth</td>
</tr>
<tr>
<td>Specialist mental health</td>
</tr>
<tr>
<td>Emergency</td>
</tr>
<tr>
<td>Surgical</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Non-emergency</td>
</tr>
<tr>
<td>Surgical</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Private hospitals</td>
</tr>
<tr>
<td>Childbirth</td>
</tr>
<tr>
<td>Specialist mental health</td>
</tr>
<tr>
<td>Emergency</td>
</tr>
<tr>
<td>Surgical</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Non-emergency</td>
</tr>
<tr>
<td>Surgical</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

(a) Separations have been categorised as Childbirth, Specialist mental health, Medical, Surgical or Other based mainly on the AR-DRG classification recorded for the separation. See Chapter 7 and Appendix B for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 8.20: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>50</td>
<td>60</td>
<td>30</td>
<td>93</td>
<td>51</td>
<td>5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>292</td>
</tr>
<tr>
<td>01 Diseases and disorders of the nervous system</td>
<td>24,449</td>
<td>37,309</td>
<td>21,341</td>
<td>11,272</td>
<td>6,883</td>
<td>2,099</td>
<td>1,962</td>
<td>1,018</td>
<td>106,333</td>
</tr>
<tr>
<td>02 Diseases and disorders of the eye</td>
<td>25,306</td>
<td>26,017</td>
<td>11,302</td>
<td>12,609</td>
<td>9,047</td>
<td>1,254</td>
<td>1,376</td>
<td>903</td>
<td>87,814</td>
</tr>
<tr>
<td>03 Diseases and disorders of the ear, nose, mouth and throat</td>
<td>20,443</td>
<td>30,278</td>
<td>20,338</td>
<td>9,237</td>
<td>7,895</td>
<td>1,902</td>
<td>1,345</td>
<td>1,388</td>
<td>92,826</td>
</tr>
<tr>
<td>04 Diseases and disorders of the respiratory system</td>
<td>13,634</td>
<td>15,955</td>
<td>11,949</td>
<td>4,950</td>
<td>2,867</td>
<td>974</td>
<td>715</td>
<td>768</td>
<td>51,812</td>
</tr>
<tr>
<td>05 Diseases and disorders of the circulatory system</td>
<td>34,846</td>
<td>44,697</td>
<td>28,012</td>
<td>16,315</td>
<td>11,338</td>
<td>1,832</td>
<td>3,450</td>
<td>1,073</td>
<td>141,563</td>
</tr>
<tr>
<td>06 Diseases and disorders of the digestive system</td>
<td>72,714</td>
<td>85,999</td>
<td>40,410</td>
<td>36,155</td>
<td>8,183</td>
<td>5,575</td>
<td>3,807</td>
<td>2,673</td>
<td>255,526</td>
</tr>
<tr>
<td>07 Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>5,202</td>
<td>6,602</td>
<td>3,068</td>
<td>2,079</td>
<td>804</td>
<td>524</td>
<td>380</td>
<td>243</td>
<td>18,902</td>
</tr>
<tr>
<td>08 Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>38,135</td>
<td>40,954</td>
<td>25,995</td>
<td>15,621</td>
<td>10,977</td>
<td>2,950</td>
<td>3,433</td>
<td>1,478</td>
<td>139,543</td>
</tr>
<tr>
<td>09 Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>23,274</td>
<td>26,825</td>
<td>20,020</td>
<td>10,613</td>
<td>10,002</td>
<td>2,448</td>
<td>891</td>
<td>1,253</td>
<td>95,326</td>
</tr>
<tr>
<td>10 Endocrine, nutritional and metabolic diseases and disorders</td>
<td>5,147</td>
<td>8,277</td>
<td>4,222</td>
<td>3,540</td>
<td>1,499</td>
<td>659</td>
<td>449</td>
<td>286</td>
<td>24,029</td>
</tr>
<tr>
<td>11 Diseases and disorders of the kidney and urinary tract</td>
<td>329,621</td>
<td>312,908</td>
<td>181,398</td>
<td>110,530</td>
<td>75,200</td>
<td>16,624</td>
<td>26,487</td>
<td>54,531</td>
<td>1,107,299</td>
</tr>
<tr>
<td>12 Diseases and disorders of the male reproductive system</td>
<td>6,573</td>
<td>7,554</td>
<td>4,263</td>
<td>3,886</td>
<td>2,193</td>
<td>568</td>
<td>323</td>
<td>292</td>
<td>25,652</td>
</tr>
<tr>
<td>13 Diseases and disorders of the female reproductive system</td>
<td>19,123</td>
<td>24,632</td>
<td>13,477</td>
<td>5,776</td>
<td>6,444</td>
<td>1,597</td>
<td>920</td>
<td>781</td>
<td>72,750</td>
</tr>
<tr>
<td>14 Pregnancy, childbirth and puerperium</td>
<td>24,344</td>
<td>19,888</td>
<td>24,764</td>
<td>5,726</td>
<td>8,019</td>
<td>1,168</td>
<td>1,096</td>
<td>3,262</td>
<td>88,267</td>
</tr>
<tr>
<td>15 Newborns and other neonates</td>
<td>3,501</td>
<td>739</td>
<td>968</td>
<td>320</td>
<td>189</td>
<td>45</td>
<td>78</td>
<td>69</td>
<td>5,909</td>
</tr>
<tr>
<td>16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>14,208</td>
<td>27,255</td>
<td>8,936</td>
<td>9,132</td>
<td>4,356</td>
<td>1,748</td>
<td>1,080</td>
<td>570</td>
<td>67,285</td>
</tr>
<tr>
<td>17 Neoplastic disorders (haematological and solid neoplasms)</td>
<td>8,588</td>
<td>96,277</td>
<td>27,123</td>
<td>32,687</td>
<td>5,386</td>
<td>2,553</td>
<td>719</td>
<td>612</td>
<td>172,145</td>
</tr>
<tr>
<td>18 Infectious and parasitic diseases</td>
<td>3,167</td>
<td>4,819</td>
<td>2,920</td>
<td>1,354</td>
<td>579</td>
<td>82</td>
<td>143</td>
<td>185</td>
<td>13,249</td>
</tr>
<tr>
<td>19 Mental diseases and disorders</td>
<td>11,898</td>
<td>11,104</td>
<td>6,731</td>
<td>2,567</td>
<td>2,902</td>
<td>1,094</td>
<td>239</td>
<td>577</td>
<td>37,112</td>
</tr>
<tr>
<td>20 Alcohol/drug use and alcohol/drug induced organic mental disorders</td>
<td>1,800</td>
<td>2,810</td>
<td>2,687</td>
<td>2,221</td>
<td>881</td>
<td>28</td>
<td>121</td>
<td>344</td>
<td>10,892</td>
</tr>
<tr>
<td>21 Injuries, poisoning and toxic effects of drugs</td>
<td>15,807</td>
<td>19,527</td>
<td>12,650</td>
<td>7,020</td>
<td>3,869</td>
<td>718</td>
<td>980</td>
<td>1,204</td>
<td>61,775</td>
</tr>
<tr>
<td>22 Burns</td>
<td>1,059</td>
<td>616</td>
<td>723</td>
<td>221</td>
<td>204</td>
<td>47</td>
<td>26</td>
<td>58</td>
<td>2,954</td>
</tr>
<tr>
<td>23 Factors influencing health status and other contacts with health services</td>
<td>22,781</td>
<td>31,180</td>
<td>18,844</td>
<td>12,595</td>
<td>4,969</td>
<td>3,953</td>
<td>1,481</td>
<td>740</td>
<td>96,543</td>
</tr>
<tr>
<td>ED Error DRGs(^{(a)})</td>
<td>764</td>
<td>455</td>
<td>110</td>
<td>150</td>
<td>72</td>
<td>15</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,582</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>726,434</td>
<td>882,687</td>
<td>492,281</td>
<td>316,669</td>
<td>183,019</td>
<td>50,462</td>
<td>51,505</td>
<td>74,323</td>
<td>2,777,380</td>
</tr>
</tbody>
</table>

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—major diagnostic category.

\(^{(a)}\) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 8.21: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>58</td>
<td>26</td>
<td>47</td>
<td>15</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>161</td>
</tr>
<tr>
<td>01 Diseases and disorders of the nervous system</td>
<td>9,483</td>
<td>8,935</td>
<td>11,488</td>
<td>5,333</td>
<td>2,552</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>39,019</td>
</tr>
<tr>
<td>02 Diseases and disorders of the eye</td>
<td>78,112</td>
<td>47,065</td>
<td>50,824</td>
<td>21,166</td>
<td>14,096</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>223,625</td>
</tr>
<tr>
<td>04 Diseases and disorders of the respiratory system</td>
<td>1,490</td>
<td>1,929</td>
<td>2,774</td>
<td>929</td>
<td>787</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>8,088</td>
</tr>
<tr>
<td>05 Diseases and disorders of the circulatory system</td>
<td>16,488</td>
<td>9,712</td>
<td>8,486</td>
<td>6,319</td>
<td>3,984</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>47,441</td>
</tr>
<tr>
<td>07 Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>1,116</td>
<td>1,358</td>
<td>1,782</td>
<td>362</td>
<td>630</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5,428</td>
</tr>
<tr>
<td>08 Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>44,051</td>
<td>39,209</td>
<td>30,190</td>
<td>19,937</td>
<td>17,792</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>157,178</td>
</tr>
<tr>
<td>09 Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>37,184</td>
<td>34,373</td>
<td>34,221</td>
<td>18,649</td>
<td>15,892</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>144,522</td>
</tr>
<tr>
<td>10 Endocrine, nutritional and metabolic diseases and disorders</td>
<td>3,736</td>
<td>3,935</td>
<td>4,102</td>
<td>2,605</td>
<td>1,349</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>16,215</td>
</tr>
<tr>
<td>11 Diseases and disorders of the kidney and urinary tract</td>
<td>50,728</td>
<td>49,962</td>
<td>72,792</td>
<td>78,785</td>
<td>26,042</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>281,319</td>
</tr>
<tr>
<td>12 Diseases and disorders of the male reproductive system</td>
<td>13,609</td>
<td>10,545</td>
<td>8,362</td>
<td>6,594</td>
<td>3,439</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>44,218</td>
</tr>
<tr>
<td>13 Diseases and disorders of the female reproductive system</td>
<td>41,858</td>
<td>40,619</td>
<td>26,816</td>
<td>12,685</td>
<td>8,109</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>134,763</td>
</tr>
<tr>
<td>15 Newborns and other neonates</td>
<td>420</td>
<td>371</td>
<td>250</td>
<td>100</td>
<td>206</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,427</td>
</tr>
<tr>
<td>16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>7,450</td>
<td>10,519</td>
<td>16,279</td>
<td>2,418</td>
<td>2,972</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>41,055</td>
</tr>
<tr>
<td>17 Neoplastic disorders (haematological and solid neoplasms)</td>
<td>44,202</td>
<td>63,156</td>
<td>77,949</td>
<td>31,870</td>
<td>22,130</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>245,425</td>
</tr>
<tr>
<td>19 Mental diseases and disorders</td>
<td>36,919</td>
<td>12,418</td>
<td>31,512</td>
<td>2,693</td>
<td>522</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>88,819</td>
</tr>
<tr>
<td>21 Injuries, poisoning and toxic effects of drugs</td>
<td>2,231</td>
<td>2,548</td>
<td>2,167</td>
<td>1,140</td>
<td>1,482</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>9,858</td>
</tr>
<tr>
<td>22 Burns</td>
<td>9</td>
<td>31</td>
<td>18</td>
<td>12</td>
<td>15</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>89</td>
</tr>
<tr>
<td>23 Factors influencing health status and other contacts with health services</td>
<td>49,970</td>
<td>60,549</td>
<td>45,027</td>
<td>19,248</td>
<td>13,519</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>193,464</td>
</tr>
<tr>
<td>ED Error DRGs(a)</td>
<td>435</td>
<td>1,365</td>
<td>228</td>
<td>116</td>
<td>131</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,310</td>
</tr>
</tbody>
</table>

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—major diagnostic category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86</td>
<td>Procedures on nervous system</td>
<td>6,562</td>
<td>8,407</td>
<td>4,546</td>
<td>3,533</td>
<td>3,200</td>
<td>631</td>
<td>225</td>
<td>145</td>
</tr>
<tr>
<td>160–256</td>
<td>Procedures on eye and adnexa</td>
<td>23,314</td>
<td>23,263</td>
<td>9,977</td>
<td>11,757</td>
<td>8,557</td>
<td>1,319</td>
<td>278</td>
<td>146</td>
</tr>
<tr>
<td>300–333</td>
<td>Procedures on ear and mastoid process</td>
<td>3,141</td>
<td>5,900</td>
<td>4,369</td>
<td>1,722</td>
<td>1,748</td>
<td>269</td>
<td>257</td>
<td>224</td>
</tr>
<tr>
<td>370–422</td>
<td>Procedures on nose, mouth and pharynx</td>
<td>4,252</td>
<td>6,677</td>
<td>5,343</td>
<td>1,833</td>
<td>1,319</td>
<td>711</td>
<td>656</td>
<td>300</td>
</tr>
<tr>
<td>450–490</td>
<td>Procedures on blood and blood-forming organs</td>
<td>5,203</td>
<td>8,031</td>
<td>4,606</td>
<td>2,663</td>
<td>2,806</td>
<td>809</td>
<td>378</td>
<td>242</td>
</tr>
<tr>
<td>520–570</td>
<td>Procedures on respiratory system</td>
<td>3,702</td>
<td>6,899</td>
<td>3,581</td>
<td>3,306</td>
<td>2,114</td>
<td>524</td>
<td>256</td>
<td>231</td>
</tr>
<tr>
<td>600–777</td>
<td>Procedures on cardiovascular system</td>
<td>21,693</td>
<td>28,816</td>
<td>13,549</td>
<td>7,004</td>
<td>10,526</td>
<td>1,719</td>
<td>1,015</td>
<td>1,470</td>
</tr>
<tr>
<td>800–817</td>
<td>Procedures on digestive system</td>
<td>69,822</td>
<td>75,454</td>
<td>26,489</td>
<td>37,778</td>
<td>3,499</td>
<td>6,490</td>
<td>2,695</td>
<td>2,024</td>
</tr>
<tr>
<td>850–1011</td>
<td>Procedures on digestive system</td>
<td>326,320</td>
<td>305,853</td>
<td>175,667</td>
<td>108,192</td>
<td>74,687</td>
<td>16,305</td>
<td>26,313</td>
<td>54,313</td>
</tr>
<tr>
<td>1040–1129</td>
<td>Procedures on urinary system</td>
<td>5,902</td>
<td>6,899</td>
<td>3,581</td>
<td>3,306</td>
<td>2,114</td>
<td>524</td>
<td>256</td>
<td>231</td>
</tr>
<tr>
<td>1160–1203</td>
<td>Procedures on male genital organs</td>
<td>5,902</td>
<td>6,899</td>
<td>3,581</td>
<td>3,306</td>
<td>2,114</td>
<td>524</td>
<td>256</td>
<td>231</td>
</tr>
<tr>
<td>1240–1299</td>
<td>Gynaecological procedures</td>
<td>21,693</td>
<td>28,816</td>
<td>13,549</td>
<td>7,004</td>
<td>10,526</td>
<td>1,719</td>
<td>1,015</td>
<td>1,470</td>
</tr>
<tr>
<td>1330–1347</td>
<td>Obstetric procedures</td>
<td>2,439</td>
<td>1,833</td>
<td>1,330</td>
<td>899</td>
<td>868</td>
<td>147</td>
<td>252</td>
<td>148</td>
</tr>
<tr>
<td>1360–1579</td>
<td>Procedures on musculoskeletal system</td>
<td>22,939</td>
<td>24,083</td>
<td>12,539</td>
<td>8,094</td>
<td>6,332</td>
<td>1,603</td>
<td>685</td>
<td>78,135</td>
</tr>
<tr>
<td>1600–1718</td>
<td>Dermatological and plastic procedures</td>
<td>21,513</td>
<td>29,141</td>
<td>17,342</td>
<td>10,394</td>
<td>9,038</td>
<td>2,061</td>
<td>899</td>
<td>991</td>
</tr>
<tr>
<td>1740–1759</td>
<td>Procedures on breast</td>
<td>2,443</td>
<td>2,117</td>
<td>1,043</td>
<td>1,207</td>
<td>421</td>
<td>217</td>
<td>65</td>
<td>32</td>
</tr>
<tr>
<td>1820–1922</td>
<td>Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>243,144</td>
<td>365,430</td>
<td>155,408</td>
<td>139,472</td>
<td>64,171</td>
<td>26,996</td>
<td>15,612</td>
<td>8,494</td>
</tr>
<tr>
<td>1940–2016</td>
<td>Imaging services</td>
<td>5,938</td>
<td>5,903</td>
<td>2,613</td>
<td>2,884</td>
<td>1,654</td>
<td>537</td>
<td>299</td>
<td>73</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>152,953</td>
<td>170,341</td>
<td>136,010</td>
<td>50,984</td>
<td>35,818</td>
<td>4,670</td>
<td>8,537</td>
<td>10,452</td>
<td>569,765</td>
</tr>
<tr>
<td>Total separations</td>
<td>726,434</td>
<td>882,687</td>
<td>492,281</td>
<td>316,669</td>
<td>183,019</td>
<td>50,462</td>
<td>51,505</td>
<td>74,323</td>
<td>2,777,380</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of separations that reported at least one procedure within the ACHI procedure chapter.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
### Table 8.23: Procedures(a) reported for same-day acute separations, by ACHI chapter, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86</td>
<td>13,085</td>
<td>14,692</td>
<td>12,182</td>
<td>8,736</td>
<td>4,723</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>55,269</td>
</tr>
<tr>
<td>520–570</td>
<td>1,737</td>
<td>1,854</td>
<td>2,345</td>
<td>789</td>
<td>755</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>7,696</td>
</tr>
<tr>
<td>800–817</td>
<td>1,120</td>
<td>1,856</td>
<td>2,795</td>
<td>584</td>
<td>477</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>4,133</td>
</tr>
<tr>
<td>1040–1129</td>
<td>58,554</td>
<td>55,452</td>
<td>77,083</td>
<td>82,123</td>
<td>27,588</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>304,996</td>
</tr>
<tr>
<td>1160–1203</td>
<td>14,854</td>
<td>10,878</td>
<td>8,128</td>
<td>5,593</td>
<td>3,564</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>44,748</td>
</tr>
<tr>
<td>1740–1759</td>
<td>4,727</td>
<td>2,961</td>
<td>4,874</td>
<td>1,791</td>
<td>1,037</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>15,785</td>
</tr>
<tr>
<td>1940–2016</td>
<td>8,231</td>
<td>3,551</td>
<td>4,563</td>
<td>1,392</td>
<td>787</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>18,889</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>7,466</td>
<td>18,604</td>
<td>18,975</td>
<td>7,055</td>
<td>4,681</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>61,363</td>
</tr>
<tr>
<td><strong>Total separations</strong></td>
<td><strong>651,662</strong></td>
<td><strong>601,695</strong></td>
<td><strong>586,929</strong></td>
<td><strong>302,562</strong></td>
<td><strong>180,672</strong></td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td><strong>2,399,171</strong></td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of separations that reported at least one procedure within the ACHI procedure chapter.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
9 Overnight acute admitted patient care

This chapter presents information on overnight acute admitted patient care provided by public and private hospitals in Australia.

An overnight separation occurs when the patient is admitted and separated on different dates. Acute admitted patient care includes separations for which the care type was reported as Acute, Newborn (with qualified days) or was Not reported. Separations for other care types were excluded. The data are sourced from the AIHW’s NHMD. For definitions of terms and classifications, and more information on data limitations and methods, see Chapter 7 (boxes 7.1, 7.2 and 7.3).

Of all overnight separations, 95% were reported as Acute in both the public and private sectors.

How has activity changed over time?

Between 2007–08 and 2011–12, the number of overnight acute separations (in both public and private sectors combined) increased by an average of 2.7% per year, with an average annual increase of 3.0% in public hospitals and 2.1% in private hospitals (Table 9.1).

Table 9.1: Overnight acute separations, public and private hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>2,254,140</td>
<td>2,299,960</td>
<td>2,358,333</td>
<td>2,445,577</td>
<td>2,544,092</td>
<td>3.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>11,405</td>
<td>9,197</td>
<td>9,159</td>
<td>8,156</td>
<td>7,694</td>
<td>–9.4</td>
<td>–5.7</td>
</tr>
<tr>
<td>Total</td>
<td>2,265,545</td>
<td>2,309,157</td>
<td>2,367,492</td>
<td>2,453,733</td>
<td>2,551,786</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>2,341</td>
<td>1,247</td>
<td>1,259</td>
<td>1,363</td>
<td>1,231</td>
<td>–14.8</td>
<td>–9.7</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>1,014,107</td>
<td>1,021,094</td>
<td>1,058,861</td>
<td>1,073,760</td>
<td>1,102,425</td>
<td>2.1</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>1,016,448</td>
<td>1,022,341</td>
<td>1,060,120</td>
<td>1,075,123</td>
<td>1,103,656</td>
<td>2.1</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>All hospitals</strong></td>
<td>3,281,993</td>
<td>3,331,498</td>
<td>3,427,612</td>
<td>3,528,856</td>
<td>3,655,442</td>
<td>2.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.
(b) For 2009–10, data were missing for Western Australia for 2,400 separations in public hospitals and 10,600 separations in private hospitals.
(c) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Between 2007–08 and 2011–12, the greatest increases in number of overnight acute public hospital separations occurred in Western Australia and the Australian Capital Territory (Table 9.2).

Over the same period, above average increases in the number of overnight acute private hospital separations were recorded in New South Wales, Victoria, Queensland and Western Australia.
Large single-year increases in the number of overnight acute hospital separations between 2010–11 and 2011–12 were recorded for public hospitals in New South Wales, Queensland, Western Australia and the Australian Capital Territory and for private hospitals in Victoria and Queensland.

### Table 9.2: Overnight acute separations, public and private hospitals, states and territories, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New South Wales</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>791,647</td>
<td>806,544</td>
<td>812,097</td>
<td>828,898</td>
<td>874,293</td>
<td>2.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>253,448</td>
<td>260,688</td>
<td>268,024</td>
<td>270,018</td>
<td>276,770</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,045,095</td>
<td>1,067,232</td>
<td>1,080,121</td>
<td>1,098,916</td>
<td>1,151,063</td>
<td>2.4</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Victoria</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>551,855</td>
<td>557,718</td>
<td>580,354</td>
<td>608,894</td>
<td>621,425</td>
<td>3.0</td>
<td>2.1</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>265,846</td>
<td>258,873</td>
<td>268,024</td>
<td>270,018</td>
<td>276,770</td>
<td>2.3</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>817,701</td>
<td>816,591</td>
<td>860,378</td>
<td>887,912</td>
<td>912,211</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>405,463</td>
<td>418,960</td>
<td>431,204</td>
<td>447,294</td>
<td>466,393</td>
<td>3.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>248,963</td>
<td>254,922</td>
<td>261,394</td>
<td>267,591</td>
<td>275,689</td>
<td>2.6</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>654,426</td>
<td>673,882</td>
<td>692,598</td>
<td>714,885</td>
<td>742,082</td>
<td>3.2</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Western Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>209,765</td>
<td>214,047</td>
<td>223,900</td>
<td>242,507</td>
<td>254,810</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>111,946</td>
<td>115,178</td>
<td>115,779</td>
<td>124,923</td>
<td>127,610</td>
<td>3.3</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>321,711</td>
<td>329,225</td>
<td>339,679</td>
<td>367,430</td>
<td>382,420</td>
<td>3.2</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>South Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>196,743</td>
<td>198,181</td>
<td>200,360</td>
<td>202,226</td>
<td>208,710</td>
<td>1.5</td>
<td>3.2</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>88,422</td>
<td>88,856</td>
<td>89,104</td>
<td>88,376</td>
<td>87,252</td>
<td>–0.3</td>
<td>–1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>285,165</td>
<td>287,037</td>
<td>289,464</td>
<td>290,602</td>
<td>295,962</td>
<td>0.9</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Tasmania</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>43,793</td>
<td>43,409</td>
<td>48,278</td>
<td>47,803</td>
<td>47,009</td>
<td>1.8</td>
<td>–1.7</td>
</tr>
<tr>
<td><strong>Australian Capital Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>32,947</td>
<td>35,664</td>
<td>35,526</td>
<td>38,795</td>
<td>41,051</td>
<td>5.7</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>33,332</td>
<td>34,634</td>
<td>35,773</td>
<td>37,316</td>
<td>38,095</td>
<td>3.4</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,265,545</td>
<td>2,309,157</td>
<td>2,367,492</td>
<td>2,453,733</td>
<td>2,551,786</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td>1,016,448</td>
<td>1,022,341</td>
<td>1,060,120</td>
<td>1,075,123</td>
<td>1,103,656</td>
<td>2.1</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,281,993</td>
<td>3,331,498</td>
<td>3,427,612</td>
<td>3,528,856</td>
<td>3,655,442</td>
<td>2.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

(a) For 2009–10, data were missing for Western Australia for 2,400 separations in public hospitals and 10,600 separations in private hospitals.

(b) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Who used these services?

Sex and age group

Males accounted for less than half (46%) of overnight acute separations (Figure 9.1). There were, however, more overnight separations for males than females in the age groups 0 to 14 and 50 to 79. People aged 55 and over accounted for nearly half of all overnight acute separations.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. The quality of the data provided for Indigenous status in 2011–12 for admitted patient care varied by jurisdiction. See Chapter 7 and Appendix B for more information on the quality of Indigenous data in the NHMD.

Nationally, 3.7% of overnight acute separations were for Aboriginal or Torres Strait Islander people. In 2011–12, the overnight acute separation rate for Indigenous Australians was almost twice the rate for other Australians. Western Australia had the highest rate of overnight acute separations for Indigenous Australians (Table 9.3). For the Northern Territory, the rate of overnight acute separations for Indigenous Australians was over 3 times the rate for other Australians (excludes private hospital data).
<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(a)</th>
<th>ACT(b)</th>
<th>NT(c)</th>
<th>Total(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Australians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>36,042</td>
<td>7,973</td>
<td>34,405</td>
<td>24,562</td>
<td>8,833</td>
<td>1,815</td>
<td>942</td>
<td>21,395</td>
<td>136,300</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>268.0</td>
<td>265.7</td>
<td>278.3</td>
<td>383.3</td>
<td>367.2</td>
<td>117.8</td>
<td>262.8</td>
<td>363.9</td>
<td>298.6</td>
</tr>
<tr>
<td>Other Australians(d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>1,115,021</td>
<td>904,238</td>
<td>707,677</td>
<td>357,858</td>
<td>287,129</td>
<td>45,194</td>
<td>40,109</td>
<td>16,700</td>
<td>3,519,142</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>149.5</td>
<td>156.7</td>
<td>159.1</td>
<td>155.1</td>
<td>163.3</td>
<td>91.0</td>
<td>113.9</td>
<td>115.2</td>
<td>154.4</td>
</tr>
<tr>
<td>Total</td>
<td>1,151,063</td>
<td>912,211</td>
<td>742,082</td>
<td>382,420</td>
<td>295,962</td>
<td>47,009</td>
<td>41,051</td>
<td>38,095</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

(a) Excludes private hospital data for Tasmania, Australian Capital Territory and the Northern Territory.
(b) Includes data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory.
(c) The separation rate presented in this table differs from the separation rate in Table 7.4 because all care types (that is, including sub- and non-acute care) are included in Table 7.4. In addition, the total separation rate differs from the figures in Table 9.17 due to differences in the population age groups used for calculating the age-standardised rates.
(d) Other Australians includes records for which Indigenous status was not reported.

**Remoteness area**

In 2011–12, people living in Very remote areas of Australia had 261 overnight acute separations per 1,000 population, compared with 157 per 1,000 nationwide (Table 9.4). The SRR of 1.66 for this area indicates that the overnight separation rate in Very remote areas was 66% higher than the national rate.

**Table 9.4: Overnight acute separation statistics, by remoteness area of residence, all hospitals, 2011–12**

<table>
<thead>
<tr>
<th>Remote area</th>
<th>Major cities</th>
<th>Inner regional</th>
<th>Outer regional</th>
<th>Remote</th>
<th>Very remote</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separations</td>
<td>2,355,043</td>
<td>783,286</td>
<td>383,235</td>
<td>67,986</td>
<td>44,511</td>
<td>3,655,442</td>
</tr>
<tr>
<td>Separation rate</td>
<td>147.4</td>
<td>167.8</td>
<td>180.4</td>
<td>216.4</td>
<td>260.5</td>
<td>156.9</td>
</tr>
<tr>
<td>Standardised separation rate ratio</td>
<td>0.94</td>
<td>1.07</td>
<td>1.15</td>
<td>1.38</td>
<td>1.66</td>
<td></td>
</tr>
</tbody>
</table>

(a) The total includes separations for which the remoteness area was not able to be categorised.

**Socioeconomic status**

Each SES group accounted for between 17% and 22% of total overnight acute separations. Separation rates varied from 133 per 1,000 population for patients living in areas classified as being the highest SES group to 175 per 1,000 for the lowest (Table 9.5).
Table 9.5: Overnight acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Socioeconomic status of area of residence</th>
<th>1–Lowest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5–Highest</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separations</td>
<td>815,054</td>
<td>794,126</td>
<td>741,788</td>
<td>664,340</td>
<td>618,062</td>
<td>3,655,442</td>
</tr>
<tr>
<td>Separation rate</td>
<td>174.8</td>
<td>164.2</td>
<td>160.9</td>
<td>147.2</td>
<td>132.8</td>
<td>156.9</td>
</tr>
<tr>
<td>Standardised separation rate ratio</td>
<td>1.11</td>
<td>1.05</td>
<td>1.03</td>
<td>0.94</td>
<td>0.85</td>
<td></td>
</tr>
</tbody>
</table>

(a) The total includes separations for which the socioeconomic status group was not able to be categorised.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How did people access these services?

The mode of admission records the mechanism by which a patient begins an episode of care.

In both public and private hospitals, most overnight acute separations had a mode of admission of Other (93% overall), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 9.6). Public hospitals recorded higher proportions of Admitted patient transferred from another hospital than private hospitals (6.9% and 4.9%, respectively) (Table 9.6).

Table 9.6: Overnight acute separations, by mode of admission, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Mode of admission</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient transferred from another hospital</td>
<td>177,476</td>
<td>54,215</td>
<td>231,691</td>
</tr>
<tr>
<td>Statistical admission: type change</td>
<td>11,241</td>
<td>2,015</td>
<td>13,256</td>
</tr>
<tr>
<td>Other</td>
<td>2,360,046</td>
<td>1,031,041</td>
<td>3,391,087</td>
</tr>
<tr>
<td>Not reported</td>
<td>3,023</td>
<td>16,385</td>
<td>19,408</td>
</tr>
<tr>
<td>Total</td>
<td>2,551,786</td>
<td>1,103,656</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in terms of the principal diagnosis.

Overall, almost half of all overnight acute separations in 2011–12 had a principal diagnosis from one of five ICD-10-AM chapters:

- Diseases of the digestive system
- Diseases of the respiratory system
- Diseases of the circulatory system
- Pregnancy, childbirth and the puerperium
- Injury and poisoning.

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For Certain infectious and parasitic diseases, 87% of overnight separations were from public hospitals. For Diseases of the musculoskeletal system and connective tissue, over 60% of separations were from private hospitals (Table 9.7).
Table 9.7: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>81,616</td>
<td>11,905</td>
<td>93,521</td>
</tr>
<tr>
<td>C00–D48 Neoplasms</td>
<td>131,887</td>
<td>104,751</td>
<td>236,638</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>29,520</td>
<td>9,583</td>
<td>39,103</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>51,889</td>
<td>24,242</td>
<td>76,131</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>137,824</td>
<td>36,317</td>
<td>174,141</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>67,217</td>
<td>65,065</td>
<td>132,282</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>12,753</td>
<td>10,568</td>
<td>23,321</td>
</tr>
<tr>
<td>H60–H95 Diseases of the ear and mastoid process</td>
<td>13,395</td>
<td>6,326</td>
<td>19,721</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>258,500</td>
<td>111,831</td>
<td>370,331</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>252,431</td>
<td>73,787</td>
<td>326,218</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>243,252</td>
<td>104,944</td>
<td>348,196</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>69,842</td>
<td>13,839</td>
<td>83,681</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>112,560</td>
<td>172,091</td>
<td>284,651</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>135,776</td>
<td>76,446</td>
<td>212,222</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>267,372</td>
<td>92,003</td>
<td>359,375</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>49,164</td>
<td>11,645</td>
<td>60,809</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>13,758</td>
<td>4,173</td>
<td>17,931</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>234,071</td>
<td>60,235</td>
<td>294,306</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>322,013</td>
<td>78,032</td>
<td>400,045</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>65,092</td>
<td>35,632</td>
<td>100,724</td>
</tr>
<tr>
<td>Not reported</td>
<td>1,854</td>
<td>241</td>
<td>2,095</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,551,786</strong></td>
<td><strong>1,103,656</strong></td>
<td><strong>3,655,442</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 9.18 and 9.19 at the end of this chapter.

The most common principal diagnosis (at the 3-character level) reported for overnight acute separations was Single spontaneous delivery, which accounted for 4.6% of overnight acute separations in public hospitals and 2.8% in private hospitals. The 20 most common principal diagnoses included several childbirth-related and heart-related conditions, as well as respiratory conditions (Table 9.8). See Appendix B for information about recent changes in coding standards for obstetrics.

Comparing this table with Table 8.8, it can be seen that the top 20 principal diagnoses for overnight acute separations and same-day acute separations are different, suggesting that there are differences in the types of conditions that are most commonly treated on an overnight basis compared with those that are not.
Table 9.8: Overnight acute separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>O80 Single spontaneous delivery</td>
<td>116,986</td>
<td>31,165</td>
<td>148,151</td>
</tr>
<tr>
<td>O82 Single delivery by caesarean section</td>
<td>56,700</td>
<td>33,121</td>
<td>89,821</td>
</tr>
<tr>
<td>R07 Pain in throat and chest</td>
<td>61,334</td>
<td>13,900</td>
<td>75,234</td>
</tr>
<tr>
<td>G47 Sleep disorders</td>
<td>15,679</td>
<td>51,792</td>
<td>67,471</td>
</tr>
<tr>
<td>J18 Pneumonia, organism unspecified</td>
<td>50,535</td>
<td>9,283</td>
<td>59,818</td>
</tr>
<tr>
<td>J44 Other chronic obstructive pulmonary disease</td>
<td>48,492</td>
<td>7,022</td>
<td>55,514</td>
</tr>
<tr>
<td>K80 Cholelithias</td>
<td>36,391</td>
<td>18,504</td>
<td>54,895</td>
</tr>
<tr>
<td>I21 Acute myocardial infarction</td>
<td>38,579</td>
<td>8,548</td>
<td>47,127</td>
</tr>
<tr>
<td>M17 Gonarthrosis [arthrosis of knee]</td>
<td>15,562</td>
<td>31,172</td>
<td>46,734</td>
</tr>
<tr>
<td>R10 Abdominal and pelvic pain</td>
<td>38,457</td>
<td>8,133</td>
<td>46,590</td>
</tr>
<tr>
<td>N39 Other disorders of urinary system</td>
<td>35,790</td>
<td>9,606</td>
<td>45,396</td>
</tr>
<tr>
<td>I50 Heart failure</td>
<td>35,042</td>
<td>9,770</td>
<td>44,812</td>
</tr>
<tr>
<td>I20 Angina pectoris</td>
<td>29,329</td>
<td>13,566</td>
<td>42,895</td>
</tr>
<tr>
<td>L03 Cellulitis</td>
<td>35,248</td>
<td>6,119</td>
<td>41,367</td>
</tr>
<tr>
<td>I48 Atrial fibrillation and flutter</td>
<td>26,814</td>
<td>12,886</td>
<td>39,700</td>
</tr>
<tr>
<td>K40 Inguinal hernia</td>
<td>15,255</td>
<td>20,999</td>
<td>36,254</td>
</tr>
<tr>
<td>O81 Single delivery by forceps and vacuum extractor</td>
<td>23,419</td>
<td>12,165</td>
<td>35,584</td>
</tr>
<tr>
<td>J35 Chronic diseases of tonsils and adenoids</td>
<td>13,757</td>
<td>19,971</td>
<td>33,728</td>
</tr>
<tr>
<td>T81 Complications of procedures, not elsewhere classified</td>
<td>22,316</td>
<td>9,849</td>
<td>32,165</td>
</tr>
<tr>
<td>K35 Acute appendicitis</td>
<td>25,875</td>
<td>4,700</td>
<td>30,575</td>
</tr>
<tr>
<td>Other</td>
<td>1,810,226</td>
<td>771,385</td>
<td>2,581,611</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,551,786</strong></td>
<td><strong>1,103,656</strong></td>
<td><strong>3,655,442</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables S9.1 and S9.2 accompanying this report online.

How urgent was the care?

Table 9.9 presents information on the urgency of admission by overnight status and the broad category of admitted patient service (Childbirth, Specialist mental health, Surgical, Medical and Other). See the section ‘What care was provided?’ for more information on these broad categories of service.

In 2011–12, about half of all overnight acute separations were Emergency admissions (required within 24 hours), 90% of which were from public hospitals. Just over 39% of overnight acute separations were Non-emergency admissions (includes elective and other planned care), and more than half of these were from private hospitals (Table 9.9).
Table 9.9: Overnight acute separations by broad category of service(a), public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Separations</td>
<td>Per cent (column)</td>
<td>Separations</td>
</tr>
<tr>
<td>Childbirth</td>
<td>210,833</td>
<td>8.3</td>
<td>80,646</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>88,957</td>
<td>3.5</td>
<td>31,194</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>234,404</td>
<td>9.2</td>
<td>33,827</td>
</tr>
<tr>
<td>Medical</td>
<td>1,330,631</td>
<td>52.1</td>
<td>133,768</td>
</tr>
<tr>
<td>Other</td>
<td>55,488</td>
<td>2.2</td>
<td>12,192</td>
</tr>
<tr>
<td>Non-emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>335,342</td>
<td>13.1</td>
<td>547,711</td>
</tr>
<tr>
<td>Medical</td>
<td>273,142</td>
<td>10.7</td>
<td>223,932</td>
</tr>
<tr>
<td>Other</td>
<td>22,989</td>
<td>0.9</td>
<td>40,386</td>
</tr>
<tr>
<td>Total</td>
<td>2,551,786</td>
<td>100.0</td>
<td>1,103,656</td>
</tr>
</tbody>
</table>

(a) Separations have been categorised as Childbirth, Specialist mental health, Medical, Surgical or Other based mainly on the AR-DRG classification recorded for the separation. See Chapter 7 and Appendix B for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in Table 9.20 at the end of this chapter.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on overnight acute separations describing care by:

- the broad category of service—Childbirth, Specialist mental health, Medical (not involving a procedure), Surgical (involving an operating room procedure) or Other (involving a non-operating room procedure, such as endoscopy). See Chapter 7 and Appendix B for more information.
- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations
- the type of surgical or other procedure undertaken.

Broad categories of service

In 2011–12, more than half (54%) of overnight acute separations were reported as Medical, almost a third (31%) were Surgical and about 4% were Other care (excluding Childbirth and Specialist mental health, Table 9.9). The majority of Medical care occurred in public hospitals (82%), as did almost 50% of Surgical care. Childbirth admissions accounted for 8.0% of overnight acute separations and Specialist mental health for 3.3%.

Major Diagnostic Categories

Table 9.10 presents overnight acute separations by MDCs for public and private hospitals. Diseases and disorders of the musculoskeletal system and connective tissue accounted for 13% of total overnight acute separations for the combined public and private sectors, and just over half of these separations (53%) were from public hospitals. For Injuries, poisoning and toxic effects of drugs, more than 86% of the overnight acute separations were from public hospitals. For Diseases and disorders of the male reproductive system just over half (55%) of the overnight acute separations were from private hospitals.
Table 9.10: Overnight acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>12,636</td>
<td>3,055</td>
<td>15,691</td>
</tr>
<tr>
<td>Diseases and disorders of the nervous system</td>
<td>161,108</td>
<td>33,011</td>
<td>194,119</td>
</tr>
<tr>
<td>Diseases and disorders of the eye</td>
<td>17,532</td>
<td>11,177</td>
<td>28,709</td>
</tr>
<tr>
<td>Diseases and disorders of the ear, nose, mouth and throat</td>
<td>103,206</td>
<td>64,733</td>
<td>167,939</td>
</tr>
<tr>
<td>Diseases and disorders of the respiratory system</td>
<td>251,775</td>
<td>93,516</td>
<td>345,291</td>
</tr>
<tr>
<td>Diseases and disorders of the circulatory system</td>
<td>307,406</td>
<td>124,947</td>
<td>432,353</td>
</tr>
<tr>
<td>Diseases and disorders of the digestive system</td>
<td>285,628</td>
<td>114,252</td>
<td>399,880</td>
</tr>
<tr>
<td>Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>79,749</td>
<td>30,360</td>
<td>110,109</td>
</tr>
<tr>
<td>Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>254,205</td>
<td>221,137</td>
<td>475,342</td>
</tr>
<tr>
<td>Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>106,049</td>
<td>54,650</td>
<td>160,699</td>
</tr>
<tr>
<td>Endocrine, nutritional and metabolic diseases and disorders</td>
<td>52,581</td>
<td>27,681</td>
<td>80,262</td>
</tr>
<tr>
<td>Diseases and disorders of the kidney and urinary tract</td>
<td>115,827</td>
<td>44,828</td>
<td>160,655</td>
</tr>
<tr>
<td>Diseases and disorders of the male reproductive system</td>
<td>20,486</td>
<td>25,196</td>
<td>45,682</td>
</tr>
<tr>
<td>Diseases and disorders of the female reproductive system</td>
<td>45,890</td>
<td>42,151</td>
<td>88,041</td>
</tr>
<tr>
<td>Pregnancy, childbirth and puerperium</td>
<td>273,977</td>
<td>93,556</td>
<td>367,533</td>
</tr>
<tr>
<td>Newborns and other neonates</td>
<td>78,350</td>
<td>18,097</td>
<td>96,447</td>
</tr>
<tr>
<td>Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>32,494</td>
<td>10,190</td>
<td>42,684</td>
</tr>
<tr>
<td>Neoplastic disorders (haematological and solid neoplasms)</td>
<td>19,604</td>
<td>11,203</td>
<td>30,807</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td>52,514</td>
<td>11,268</td>
<td>63,782</td>
</tr>
<tr>
<td>Mental diseases and disorders</td>
<td>103,382</td>
<td>28,294</td>
<td>131,676</td>
</tr>
<tr>
<td>Alcohol/drug use and alcohol/drug induced organic mental disorders</td>
<td>26,880</td>
<td>7,466</td>
<td>34,346</td>
</tr>
<tr>
<td>Injuries, poisoning and toxic effects of drugs</td>
<td>101,688</td>
<td>16,359</td>
<td>118,047</td>
</tr>
<tr>
<td>Burns</td>
<td>5,478</td>
<td>166</td>
<td>5,644</td>
</tr>
<tr>
<td>Factors influencing health status and other contacts with health services</td>
<td>37,543</td>
<td>13,689</td>
<td>51,232</td>
</tr>
<tr>
<td>Error DRGs(a)</td>
<td>5,798</td>
<td>2,674</td>
<td>8,472</td>
</tr>
<tr>
<td><strong>Surgical</strong></td>
<td><strong>638,802</strong></td>
<td><strong>618,338</strong></td>
<td><strong>1,257,140</strong></td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td><strong>1,834,368</strong></td>
<td><strong>432,738</strong></td>
<td><strong>2,267,106</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>78,616</strong></td>
<td><strong>52,580</strong></td>
<td><strong>131,196</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,551,786</strong></td>
<td><strong>1,103,656</strong></td>
<td><strong>3,655,442</strong></td>
</tr>
</tbody>
</table>

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.
(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables 9.21 and 9.22 at the end of this chapter.

Most common AR-DRGs

In 2011–12, the 20 most common AR-DRGs accounted for more than one-quarter of overnight acute separations. The 2 most common AR-DRGs for overnight acute separations were childbirth-related, followed by Chest pain and Sleep apnoea (Table 9.11).

Public hospitals provided the majority of separations for childbirth and Chest pain. Private hospitals provided the majority of separations for AR-DRGs such as Sleep apnoea, Other shoulder procedures, Circulatory disorders (F42B) and Knee replacement (I04B).
Table 9.11: Separations for the 20 most common AR-DRGs version 6.0x for overnight acute separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>AR-DRG</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>O60B</td>
<td>100,689</td>
<td>34,513</td>
<td>135,202</td>
</tr>
<tr>
<td>O01C</td>
<td>46,242</td>
<td>29,477</td>
<td>75,719</td>
</tr>
<tr>
<td>F74Z</td>
<td>57,856</td>
<td>8,951</td>
<td>66,807</td>
</tr>
<tr>
<td>E63Z</td>
<td>6,638</td>
<td>45,500</td>
<td>52,138</td>
</tr>
<tr>
<td>G70B</td>
<td>41,271</td>
<td>8,210</td>
<td>49,481</td>
</tr>
<tr>
<td>G10B</td>
<td>19,977</td>
<td>28,135</td>
<td>48,112</td>
</tr>
<tr>
<td>J64B</td>
<td>40,707</td>
<td>5,510</td>
<td>46,217</td>
</tr>
<tr>
<td>E65B</td>
<td>38,454</td>
<td>6,402</td>
<td>44,856</td>
</tr>
<tr>
<td>P67D</td>
<td>33,714</td>
<td>8,714</td>
<td>42,428</td>
</tr>
<tr>
<td>G66Z</td>
<td>34,807</td>
<td>4,993</td>
<td>39,800</td>
</tr>
<tr>
<td>O66A</td>
<td>32,246</td>
<td>6,755</td>
<td>39,001</td>
</tr>
<tr>
<td>I16Z</td>
<td>6,586</td>
<td>31,758</td>
<td>38,344</td>
</tr>
<tr>
<td>H08B</td>
<td>21,054</td>
<td>16,975</td>
<td>38,029</td>
</tr>
<tr>
<td>G67B</td>
<td>32,036</td>
<td>4,476</td>
<td>36,512</td>
</tr>
<tr>
<td>L63B</td>
<td>30,306</td>
<td>5,530</td>
<td>35,836</td>
</tr>
<tr>
<td>D11Z</td>
<td>14,957</td>
<td>20,041</td>
<td>34,998</td>
</tr>
<tr>
<td>F42B</td>
<td>12,503</td>
<td>22,275</td>
<td>34,778</td>
</tr>
<tr>
<td>F76B</td>
<td>26,097</td>
<td>7,826</td>
<td>33,923</td>
</tr>
<tr>
<td>I04B</td>
<td>10,312</td>
<td>23,092</td>
<td>33,404</td>
</tr>
<tr>
<td>U63B</td>
<td>18,047</td>
<td>12,918</td>
<td>30,965</td>
</tr>
<tr>
<td>Other</td>
<td>1,927,287</td>
<td>771,605</td>
<td>2,698,892</td>
</tr>
<tr>
<td>Total</td>
<td>2,551,786</td>
<td>1,103,656</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

AMI—acute myocardial infarction; CC—complications and comorbidities; CDE—common duct exploration; g—grams; CSCC—catastrophic or severe complications or comorbidities.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables S9.3 and S9.4 accompanying this report online.

Procedures

In 2011–12, almost 6.9 million procedures were reported for overnight acute separations, with about 4.0 million in the public sector and 2.8 million in the private sector. Public hospitals accounted for 64% of the overnight acute separations for which a procedure was reported (Table 9.12). In public hospitals, 66% or 1.7 million overnight acute separations involved a procedure. In contrast, for private hospitals, 87% or 1 million overnight acute separations involved a procedure.
### Table 9.12: Procedures (a) reported for overnight acute separations, by ACHI chapter, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86 Procedures on nervous system</td>
<td>47,591</td>
<td>48,930</td>
<td>96,521</td>
</tr>
<tr>
<td>110–129 Procedures on endocrine system</td>
<td>7,645</td>
<td>8,460</td>
<td>16,105</td>
</tr>
<tr>
<td>160–256 Procedures on eye and adnexa</td>
<td>12,794</td>
<td>10,456</td>
<td>23,250</td>
</tr>
<tr>
<td>300–333 Procedures on ear and mastoid process</td>
<td>9,674</td>
<td>9,195</td>
<td>18,869</td>
</tr>
<tr>
<td>370–422 Procedures on nose, mouth and pharynx</td>
<td>42,524</td>
<td>52,671</td>
<td>95,195</td>
</tr>
<tr>
<td>450–490 Dental services</td>
<td>5,856</td>
<td>3,380</td>
<td>9,236</td>
</tr>
<tr>
<td>520–570 Procedures on respiratory system</td>
<td>89,883</td>
<td>28,537</td>
<td>118,420</td>
</tr>
<tr>
<td>600–777 Procedures on cardiovascular system</td>
<td>105,318</td>
<td>89,592</td>
<td>194,910</td>
</tr>
<tr>
<td>800–817 Procedures on blood and blood-forming organs</td>
<td>22,621</td>
<td>17,124</td>
<td>39,745</td>
</tr>
<tr>
<td>850–1011 Procedures on digestive system</td>
<td>218,013</td>
<td>149,802</td>
<td>367,815</td>
</tr>
<tr>
<td>1040–1129 Procedures on urinary system</td>
<td>72,206</td>
<td>51,430</td>
<td>123,636</td>
</tr>
<tr>
<td>1160–1203 Procedures on male genital organs</td>
<td>18,253</td>
<td>28,525</td>
<td>46,778</td>
</tr>
<tr>
<td>1240–1299 Gynaecological procedures</td>
<td>48,550</td>
<td>43,099</td>
<td>91,649</td>
</tr>
<tr>
<td>1330–1347 Obstetric procedures</td>
<td>189,603</td>
<td>78,828</td>
<td>268,431</td>
</tr>
<tr>
<td>1360–1579 Procedures on musculoskeletal system</td>
<td>187,295</td>
<td>195,122</td>
<td>382,417</td>
</tr>
<tr>
<td>1600–1718 Dermatological and plastic procedures</td>
<td>109,784</td>
<td>53,276</td>
<td>163,060</td>
</tr>
<tr>
<td>1740–1759 Procedures on breast</td>
<td>12,080</td>
<td>21,856</td>
<td>33,936</td>
</tr>
<tr>
<td>1786–1799 Radiation oncology procedures</td>
<td>8,249</td>
<td>2,365</td>
<td>10,614</td>
</tr>
<tr>
<td>1820–1922 Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>1,518,070</td>
<td>905,021</td>
<td>2,423,091</td>
</tr>
<tr>
<td>1940–2016 Imaging services</td>
<td>24,555</td>
<td>19,681</td>
<td>44,236</td>
</tr>
<tr>
<td><strong>Procedures reported</strong></td>
<td><strong>4,033,446</strong></td>
<td><strong>2,860,102</strong></td>
<td><strong>6,893,548</strong></td>
</tr>
<tr>
<td><strong>No procedure or not reported</strong></td>
<td><strong>873,461</strong></td>
<td><strong>139,781</strong></td>
<td><strong>1,013,242</strong></td>
</tr>
<tr>
<td><strong>Total separations</strong></td>
<td><strong>2,551,786</strong></td>
<td><strong>1,103,656</strong></td>
<td><strong>3,655,442</strong></td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

**Note:** See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables 9.23 and 9.24 at the end of this chapter.

In 2011–12, *Generalised allied health interventions*, which includes physiotherapy and other rehabilitation procedures or interventions, was the most common procedure block reported for overnight acute separations. *Cerebral anaesthesia* (general anaesthesia) was the next most frequently reported procedure block, reflecting the fact that it is a companion procedure for many other procedures (Table 9.13).
Table 9.13: Procedures*(a) reported for the 20 most common ACHI procedure blocks for overnight acute separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure block</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1916 Generalised allied health interventions</td>
<td>1,016,420</td>
<td>384,330</td>
<td>1,400,750</td>
</tr>
<tr>
<td>1910 Cerebral anaesthesia</td>
<td>672,115</td>
<td>640,223</td>
<td>1,312,338</td>
</tr>
<tr>
<td>1909 Conduction anaesthesia</td>
<td>123,194</td>
<td>130,778</td>
<td>253,972</td>
</tr>
<tr>
<td>1893 Administration of blood and blood products</td>
<td>141,721</td>
<td>60,201</td>
<td>201,922</td>
</tr>
<tr>
<td>1340 Caesarean section</td>
<td>62,200</td>
<td>35,560</td>
<td>97,760</td>
</tr>
<tr>
<td>1920 Administration of pharmacotherapy</td>
<td>67,690</td>
<td>27,009</td>
<td>94,699</td>
</tr>
<tr>
<td>1344 Postpartum suture</td>
<td>68,535</td>
<td>23,306</td>
<td>91,841</td>
</tr>
<tr>
<td>668 Coronary angiography</td>
<td>43,786</td>
<td>40,356</td>
<td>84,142</td>
</tr>
<tr>
<td>1333 Analgesia and anaesthesia during labour and delivery</td>
<td>50,646</td>
<td>27,510</td>
<td>78,156</td>
</tr>
<tr>
<td>1334 Medical or surgical induction of labour</td>
<td>54,030</td>
<td>23,282</td>
<td>77,312</td>
</tr>
<tr>
<td>1335 Medical or surgical augmentation of labour</td>
<td>46,249</td>
<td>15,003</td>
<td>61,252</td>
</tr>
<tr>
<td>1828 Sleep study</td>
<td>7,345</td>
<td>48,693</td>
<td>56,038</td>
</tr>
<tr>
<td>607 Examination procedures on ventricle</td>
<td>24,241</td>
<td>30,098</td>
<td>54,339</td>
</tr>
<tr>
<td>986 Division of abdominal adhesions</td>
<td>28,255</td>
<td>25,027</td>
<td>53,282</td>
</tr>
<tr>
<td>965 Cholecystectomy</td>
<td>29,699</td>
<td>20,846</td>
<td>50,545</td>
</tr>
<tr>
<td>570 Non-invasive ventilatory support</td>
<td>34,909</td>
<td>13,968</td>
<td>48,877</td>
</tr>
<tr>
<td>412 Tonsillectomy or adenoidectomy</td>
<td>20,342</td>
<td>27,631</td>
<td>47,973</td>
</tr>
<tr>
<td>1566 Excision procedures on other musculoskeletal sites</td>
<td>25,516</td>
<td>16,865</td>
<td>42,381</td>
</tr>
<tr>
<td>1912 Postprocedural analgesia</td>
<td>19,603</td>
<td>22,278</td>
<td>41,881</td>
</tr>
<tr>
<td>957 Examination of gallbladder or biliary tract</td>
<td>22,342</td>
<td>17,459</td>
<td>40,382</td>
</tr>
<tr>
<td>Other</td>
<td>1,474,026</td>
<td>1,229,679</td>
<td>2,703,705</td>
</tr>
<tr>
<td>Procedures reported</td>
<td>4,033,446</td>
<td>2,860,102</td>
<td>6,893,548</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>873,461</td>
<td>139,781</td>
<td>1,013,242</td>
</tr>
<tr>
<td>Total separations</td>
<td>2,551,786</td>
<td>1,103,656</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is in tables S9.5 and S9.6 accompanying this report online.

How long did patients stay?

The lengths of stay for overnight acute separations varied by the type of care received and between public and private hospitals. Non-emergency separations had longer lengths of stay in public hospitals than in private hospitals. Childbirth, Specialist mental health care and Emergency separations for Surgical and Medical care had longer lengths of stay in private hospitals than in public hospitals (Table 9.14).
Table 9.14: Patient days and average length of stay, for overnight acute separations, by broad category of service(a), public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Broad category of service</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient days</td>
<td>Average length of stay</td>
<td>Patient days</td>
</tr>
<tr>
<td>Childbirth</td>
<td>671,050</td>
<td>3.2</td>
<td>378,928</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>1,603,099</td>
<td>18.0</td>
<td>604,463</td>
</tr>
<tr>
<td>Non-emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>1,851,659</td>
<td>7.9</td>
<td>278,451</td>
</tr>
<tr>
<td>Medical</td>
<td>5,363,729</td>
<td>4.0</td>
<td>780,233</td>
</tr>
<tr>
<td>Other</td>
<td>373,346</td>
<td>6.7</td>
<td>68,411</td>
</tr>
<tr>
<td>Total</td>
<td>12,867,096</td>
<td>5.0</td>
<td>5,118,941</td>
</tr>
</tbody>
</table>

(a) Separations have been categorised as Childbirth, Medical, Surgical or Other based on the AR-DRG classification recorded for the separation. The category Specialist mental health is assigned for those separations for which at least one day of specialised psychiatric care is reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Who paid for the care?

More than 83% of overnight acute separations from public hospitals were for Public patients and 84% of overnight acute separations from private hospitals were funded by Private health insurance (Table 9.15). The Department of Veterans’ Affairs funded 2.3% of overnight acute separations in public hospitals and 6.7% in private hospitals.

Table 9.15: Overnight acute separations, by principal source of funds, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal source of funds</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public patients(a)</td>
<td>2,108,984</td>
<td>3,819</td>
<td>2,112,803</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>297,726</td>
<td>929,098</td>
<td>1,226,824</td>
</tr>
<tr>
<td>Self-funded(b)</td>
<td>35,905</td>
<td>50,399</td>
<td>86,304</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>13,426</td>
<td>29,197</td>
<td>42,623</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>18,675</td>
<td>2,432</td>
<td>21,107</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>59,808</td>
<td>73,946</td>
<td>133,754</td>
</tr>
<tr>
<td>Other(c)</td>
<td>17,262</td>
<td>14,765</td>
<td>32,027</td>
</tr>
<tr>
<td>Total</td>
<td>2,551,786</td>
<td>1,103,656</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

(a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised in public hospitals. The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some public patient separations were funded through the Medicare Benefit Schedule.

(b) Tasmania was unable to identify all patients whose funding source may have been Self-funded, therefore the number of separations in this category may be underestimated and others may be overestimated.

(c) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a public patient election status), Other, No charge raised in private hospitals and Not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 87% of overnight acute separations had a mode of separation of Other, suggesting that most patients go home after their episode of care (Table 9.16). This was particularly the case in private hospitals, where 92% of separations reported a mode of separation of Other, compared with 85% in public hospitals.

Table 9.16: Overnight acute separations, by mode of separation, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Mode of separation</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge/transfer to an (other) acute hospital</td>
<td>187,186</td>
<td>41,080</td>
<td>228,266</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service</td>
<td>35,432</td>
<td>5,229</td>
<td>40,661</td>
</tr>
<tr>
<td>Discharge/transfer to an (other) psychiatric hospital</td>
<td>4,478</td>
<td>154</td>
<td>4,632</td>
</tr>
<tr>
<td>Discharge/transfer to other health care accommodation</td>
<td>9,460</td>
<td>15,051</td>
<td>24,511</td>
</tr>
<tr>
<td>Statistical discharge: type change</td>
<td>73,757</td>
<td>17,068</td>
<td>90,825</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>30,007</td>
<td>1,412</td>
<td>31,419</td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td>4,405</td>
<td>56</td>
<td>4,461</td>
</tr>
<tr>
<td>Died</td>
<td>35,495</td>
<td>9,561</td>
<td>45,056</td>
</tr>
<tr>
<td>Other</td>
<td>2,171,490</td>
<td>1,014,039</td>
<td>3,185,529</td>
</tr>
<tr>
<td>Not reported</td>
<td>76</td>
<td>6</td>
<td>82</td>
</tr>
<tr>
<td>Total</td>
<td>2,551,786</td>
<td>1,103,656</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Additional information

The following tables provide more information on diagnosis and procedures for overnight acute separations, by state and territory. Information on the 50 most common principal diagnoses, diagnosis-related groups and procedure blocks is available in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table 9.17: Overnight acute separations, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public acute hospitals</td>
<td>869,978</td>
<td>620,968</td>
<td>466,388</td>
<td>253,448</td>
<td>207,390</td>
<td>46,774</td>
<td>41,051</td>
<td>38,095</td>
<td>2,544,092</td>
</tr>
<tr>
<td>Public psychiatric hospitals</td>
<td>4,315</td>
<td>457</td>
<td>5</td>
<td>1,362</td>
<td>1,320</td>
<td>235</td>
<td>.</td>
<td>.</td>
<td>7,694</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>874,293</td>
<td>621,425</td>
<td>466,393</td>
<td>254,810</td>
<td>208,710</td>
<td>47,009</td>
<td>41,051</td>
<td>38,095</td>
<td>2,551,786</td>
</tr>
</tbody>
</table>

Separations per 1,000 population

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private free-standing day hospital facilities</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1,226</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,231</td>
</tr>
<tr>
<td>Other private hospitals</td>
<td>276,770</td>
<td>290,783</td>
<td>275,689</td>
<td>126,384</td>
<td>87,252</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,102,425</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>276,770</td>
<td>290,786</td>
<td>275,689</td>
<td>127,610</td>
<td>87,252</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,103,656</td>
</tr>
</tbody>
</table>

Separations per 1,000 population

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1,151,063</td>
<td>912,211</td>
<td>742,082</td>
<td>382,420</td>
<td>295,962</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,655,442</td>
</tr>
</tbody>
</table>

Separations per 1,000 population

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| (a) Separation rates may differ from the figures in Table 9.3 due to differences in the population age groups used for calculating the age-standardised rates.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A00–B99 Certain infectious and parasitic diseases</strong></td>
<td>29,214</td>
<td>19,486</td>
<td>14,688</td>
<td>8,119</td>
<td>5,911</td>
<td>1,191</td>
<td>1,188</td>
<td>1,819</td>
<td>81,616</td>
</tr>
<tr>
<td><strong>C00–D48 Neoplasms</strong></td>
<td>42,040</td>
<td>35,284</td>
<td>24,972</td>
<td>11,964</td>
<td>11,417</td>
<td>2,983</td>
<td>2,406</td>
<td>821</td>
<td>131,887</td>
</tr>
<tr>
<td><strong>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</strong></td>
<td>9,868</td>
<td>7,830</td>
<td>5,079</td>
<td>2,623</td>
<td>2,860</td>
<td>548</td>
<td>421</td>
<td>291</td>
<td>29,520</td>
</tr>
<tr>
<td><strong>E00–E89 Endocrine, nutritional and metabolic diseases</strong></td>
<td>16,169</td>
<td>12,772</td>
<td>10,385</td>
<td>5,028</td>
<td>4,602</td>
<td>1,073</td>
<td>656</td>
<td>1,204</td>
<td>51,887</td>
</tr>
<tr>
<td><strong>F00–F99 Mental and behavioural disorders</strong></td>
<td>46,825</td>
<td>31,752</td>
<td>23,019</td>
<td>16,908</td>
<td>13,284</td>
<td>2,698</td>
<td>1,977</td>
<td>1,361</td>
<td>137,824</td>
</tr>
<tr>
<td><strong>G00–G99 Diseases of the nervous system</strong></td>
<td>20,031</td>
<td>20,432</td>
<td>12,574</td>
<td>5,860</td>
<td>5,523</td>
<td>1,318</td>
<td>913</td>
<td>566</td>
<td>67,217</td>
</tr>
<tr>
<td><strong>H00–H59 Diseases of the eye and adnexa</strong></td>
<td>4,428</td>
<td>3,325</td>
<td>1,955</td>
<td>1,568</td>
<td>980</td>
<td>70</td>
<td>238</td>
<td>189</td>
<td>12,753</td>
</tr>
<tr>
<td><strong>H60–H95 Diseases of the ear and mastoid process</strong></td>
<td>4,233</td>
<td>3,304</td>
<td>2,359</td>
<td>1,653</td>
<td>1,135</td>
<td>206</td>
<td>182</td>
<td>323</td>
<td>13,395</td>
</tr>
<tr>
<td><strong>I00–I99 Diseases of the circulatory system</strong></td>
<td>88,582</td>
<td>62,504</td>
<td>49,814</td>
<td>22,934</td>
<td>22,148</td>
<td>5,370</td>
<td>4,421</td>
<td>2,727</td>
<td>258,500</td>
</tr>
<tr>
<td><strong>J00–J99 Diseases of the respiratory system</strong></td>
<td>90,246</td>
<td>58,668</td>
<td>43,655</td>
<td>25,129</td>
<td>21,306</td>
<td>4,532</td>
<td>3,791</td>
<td>5,104</td>
<td>252,431</td>
</tr>
<tr>
<td><strong>K00–K93 Diseases of the digestive system</strong></td>
<td>81,714</td>
<td>59,937</td>
<td>44,921</td>
<td>19,428</td>
<td>14,925</td>
<td>4,930</td>
<td>4,228</td>
<td>3,138</td>
<td>243,252</td>
</tr>
<tr>
<td><strong>L00–L99 Diseases of the skin and subcutaneous tissue</strong></td>
<td>23,242</td>
<td>14,697</td>
<td>14,057</td>
<td>8,119</td>
<td>5,134</td>
<td>1,086</td>
<td>968</td>
<td>2,539</td>
<td>69,842</td>
</tr>
<tr>
<td><strong>M00–M99 Diseases of the musculoskeletal system and connective tissue</strong></td>
<td>38,143</td>
<td>27,928</td>
<td>19,108</td>
<td>12,638</td>
<td>9,588</td>
<td>2,104</td>
<td>1,797</td>
<td>1,254</td>
<td>112,560</td>
</tr>
<tr>
<td><strong>N00–N99 Diseases of the genitourinary system</strong></td>
<td>44,872</td>
<td>34,002</td>
<td>25,598</td>
<td>13,509</td>
<td>11,565</td>
<td>2,126</td>
<td>2,297</td>
<td>1,807</td>
<td>135,776</td>
</tr>
<tr>
<td><strong>O00–O99 Pregnancy, childbirth and the puerperium</strong></td>
<td>89,269</td>
<td>64,859</td>
<td>53,203</td>
<td>18,390</td>
<td>18,390</td>
<td>4,788</td>
<td>5,156</td>
<td>4,383</td>
<td>267,372</td>
</tr>
<tr>
<td><strong>P00–P96 Certain conditions originating in the perinatal period</strong></td>
<td>17,255</td>
<td>11,669</td>
<td>9,013</td>
<td>4,585</td>
<td>3,748</td>
<td>832</td>
<td>1,281</td>
<td>781</td>
<td>49,164</td>
</tr>
<tr>
<td><strong>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</strong></td>
<td>5,125</td>
<td>3,286</td>
<td>2,359</td>
<td>1,371</td>
<td>1,007</td>
<td>248</td>
<td>231</td>
<td>131</td>
<td>13,758</td>
</tr>
<tr>
<td><strong>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</strong></td>
<td>83,421</td>
<td>59,320</td>
<td>40,132</td>
<td>21,179</td>
<td>21,253</td>
<td>3,377</td>
<td>2,616</td>
<td>2,773</td>
<td>234,071</td>
</tr>
<tr>
<td><strong>S00–T98 Injury, poisoning and certain other consequences of external causes</strong></td>
<td>107,939</td>
<td>77,071</td>
<td>60,318</td>
<td>35,034</td>
<td>23,994</td>
<td>5,902</td>
<td>5,790</td>
<td>5,965</td>
<td>322,013</td>
</tr>
<tr>
<td><strong>Z00–Z99 Factors influencing health status and contact with health services</strong></td>
<td>29,925</td>
<td>13,198</td>
<td>9,184</td>
<td>4,309</td>
<td>5,437</td>
<td>1,626</td>
<td>494</td>
<td>919</td>
<td>65,092</td>
</tr>
<tr>
<td><strong>Not reported</strong></td>
<td>1,752</td>
<td>101</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1,854</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>874,293</td>
<td>621,425</td>
<td>466,393</td>
<td>254,810</td>
<td>208,710</td>
<td>47,009</td>
<td>41,051</td>
<td>38,095</td>
<td>2,551,786</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 9.19: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>1,640</td>
<td>3,332</td>
<td>4,476</td>
<td>1,063</td>
<td>905</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,905</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>1,563</td>
<td>2,855</td>
<td>2,736</td>
<td>1,144</td>
<td>982</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>9,583</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>5,932</td>
<td>5,666</td>
<td>5,557</td>
<td>3,897</td>
<td>2,090</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>24,242</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>11,306</td>
<td>9,050</td>
<td>8,668</td>
<td>3,912</td>
<td>1,741</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>65,065</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>15,284</td>
<td>16,726</td>
<td>18,984</td>
<td>7,628</td>
<td>4,606</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>65,065</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>3,047</td>
<td>2,017</td>
<td>1,500</td>
<td>2,436</td>
<td>1,121</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>10,568</td>
</tr>
<tr>
<td>H60–H95 Diseases of the ear and mastoid process</td>
<td>1,928</td>
<td>1,312</td>
<td>1,445</td>
<td>783</td>
<td>600</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>6,326</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>18,709</td>
<td>18,354</td>
<td>20,062</td>
<td>7,312</td>
<td>6,082</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>73,787</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>25,310</td>
<td>27,057</td>
<td>28,159</td>
<td>10,651</td>
<td>8,703</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>104,944</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>2,867</td>
<td>3,863</td>
<td>4,132</td>
<td>1,365</td>
<td>1,022</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>13,839</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>45,536</td>
<td>45,427</td>
<td>35,707</td>
<td>23,358</td>
<td>14,576</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>172,091</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>20,999</td>
<td>19,327</td>
<td>18,389</td>
<td>8,147</td>
<td>6,802</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>76,446</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>26,402</td>
<td>22,778</td>
<td>20,775</td>
<td>11,630</td>
<td>5,316</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>92,003</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>2,673</td>
<td>3,300</td>
<td>2,349</td>
<td>2,034</td>
<td>686</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,645</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>1,430</td>
<td>1,000</td>
<td>889</td>
<td>426</td>
<td>308</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>4,173</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>9,560</td>
<td>19,056</td>
<td>17,657</td>
<td>5,772</td>
<td>5,965</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>60,235</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>17,217</td>
<td>19,192</td>
<td>21,725</td>
<td>9,994</td>
<td>7,013</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>78,032</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>14,682</td>
<td>8,040</td>
<td>5,469</td>
<td>3,532</td>
<td>2,253</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>35,632</td>
</tr>
<tr>
<td>Not reported</td>
<td>0</td>
<td>235</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>241</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>276,770</td>
<td>290,786</td>
<td>275,689</td>
<td>127,610</td>
<td>87,252</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,103,656</td>
</tr>
</tbody>
</table>

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 9.20: Overnight acute separations by broad category of service(a), public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Public hospitals</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childbirth</td>
<td>69,943</td>
<td>53,259</td>
<td>41,362</td>
<td>20,941</td>
<td>14,580</td>
<td>4,040</td>
<td>2,977</td>
<td>857</td>
<td>210,833</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>30,390</td>
<td>20,399</td>
<td>17,371</td>
<td>9,236</td>
<td>7,221</td>
<td>2,159</td>
<td>1,324</td>
<td></td>
<td>88,957</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>76,546</td>
<td>56,042</td>
<td>40,139</td>
<td>26,924</td>
<td>18,940</td>
<td>5,380</td>
<td>5,944</td>
<td>4,489</td>
<td>234,404</td>
</tr>
<tr>
<td>Medical</td>
<td>465,334</td>
<td>307,089</td>
<td>245,395</td>
<td>136,889</td>
<td>111,912</td>
<td>21,839</td>
<td>19,886</td>
<td>22,287</td>
<td>1,330,631</td>
</tr>
<tr>
<td>Other</td>
<td>20,463</td>
<td>12,655</td>
<td>8,396</td>
<td>5,779</td>
<td>4,950</td>
<td>1,244</td>
<td>1,108</td>
<td>893</td>
<td>55,488</td>
</tr>
<tr>
<td>Non-emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>102,736</td>
<td>91,842</td>
<td>63,220</td>
<td>32,958</td>
<td>29,687</td>
<td>6,452</td>
<td>5,813</td>
<td>2,634</td>
<td>335,342</td>
</tr>
<tr>
<td>Medical</td>
<td>102,534</td>
<td>73,816</td>
<td>44,887</td>
<td>20,518</td>
<td>19,198</td>
<td>5,792</td>
<td>2,747</td>
<td>3,650</td>
<td>273,142</td>
</tr>
<tr>
<td>Other</td>
<td>6,347</td>
<td>6,323</td>
<td>5,623</td>
<td>1,565</td>
<td>2,222</td>
<td>412</td>
<td>189</td>
<td>308</td>
<td>22,989</td>
</tr>
<tr>
<td>Total</td>
<td>874,293</td>
<td>621,425</td>
<td>466,393</td>
<td>254,810</td>
<td>208,710</td>
<td>47,009</td>
<td>41,051</td>
<td>38,095</td>
<td>2,551,786</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private hospitals</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Childbirth</td>
<td>23,234</td>
<td>20,457</td>
<td>17,634</td>
<td>10,273</td>
<td>4,796</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>80,646</td>
</tr>
<tr>
<td>Specialist mental health</td>
<td>9,883</td>
<td>7,740</td>
<td>7,167</td>
<td>3,651</td>
<td>1,455</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>31,194</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>14,228</td>
<td>35,293</td>
<td>52,006</td>
<td>15,585</td>
<td>14,294</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>133,768</td>
</tr>
<tr>
<td>Other</td>
<td>952</td>
<td>3,836</td>
<td>4,289</td>
<td>1,517</td>
<td>1,388</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>12,192</td>
</tr>
<tr>
<td>Non-emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>56,319</td>
<td>65,521</td>
<td>57,050</td>
<td>20,565</td>
<td>13,750</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>223,932</td>
</tr>
<tr>
<td>Other</td>
<td>9,726</td>
<td>12,823</td>
<td>10,875</td>
<td>2,734</td>
<td>2,824</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>40,386</td>
</tr>
<tr>
<td>Total</td>
<td>276,770</td>
<td>290,786</td>
<td>275,689</td>
<td>127,610</td>
<td>87,252</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,103,656</td>
</tr>
</tbody>
</table>

(a) Separations have been categorised as Childbirth, Specialist mental health, Medical, Surgical or Other based mainly on the AR-DRG recorded for the separation. See Chapter 7 and Appendix B for more information. Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 9.21: Overnight acute separations by Major Diagnostic Category AR-DRG version 6.0x, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR</td>
<td>Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>4,171</td>
<td>3,394</td>
<td>2,367</td>
<td>1,030</td>
<td>1,009</td>
<td>256</td>
<td>224</td>
<td>185</td>
</tr>
<tr>
<td>01</td>
<td>Diseases and disorders of the nervous system</td>
<td>55,094</td>
<td>41,363</td>
<td>28,170</td>
<td>15,584</td>
<td>13,128</td>
<td>3,298</td>
<td>2,579</td>
<td>1,892</td>
</tr>
<tr>
<td>02</td>
<td>Diseases and disorders of the eye</td>
<td>6,127</td>
<td>4,537</td>
<td>2,768</td>
<td>2,055</td>
<td>1,332</td>
<td>122</td>
<td>314</td>
<td>277</td>
</tr>
<tr>
<td>03</td>
<td>Diseases and disorders of the ear, nose, mouth and throat</td>
<td>31,187</td>
<td>26,986</td>
<td>18,913</td>
<td>11,388</td>
<td>9,276</td>
<td>1,831</td>
<td>1,668</td>
<td>1,957</td>
</tr>
<tr>
<td>04</td>
<td>Diseases and disorders of the respiratory system</td>
<td>90,242</td>
<td>59,290</td>
<td>43,618</td>
<td>24,329</td>
<td>21,112</td>
<td>4,762</td>
<td>3,652</td>
<td>4,770</td>
</tr>
<tr>
<td>05</td>
<td>Diseases and disorders of the circulatory system</td>
<td>105,243</td>
<td>72,283</td>
<td>61,670</td>
<td>26,713</td>
<td>28,179</td>
<td>5,418</td>
<td>4,545</td>
<td>3,355</td>
</tr>
<tr>
<td>06</td>
<td>Diseases and disorders of the digestive system</td>
<td>97,434</td>
<td>72,038</td>
<td>51,319</td>
<td>28,199</td>
<td>23,490</td>
<td>5,284</td>
<td>4,658</td>
<td>3,206</td>
</tr>
<tr>
<td>07</td>
<td>Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>27,168</td>
<td>20,215</td>
<td>14,462</td>
<td>7,589</td>
<td>6,183</td>
<td>1,688</td>
<td>1,335</td>
<td>1,109</td>
</tr>
<tr>
<td>08</td>
<td>Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>86,847</td>
<td>61,758</td>
<td>44,769</td>
<td>27,771</td>
<td>19,985</td>
<td>4,934</td>
<td>4,774</td>
<td>3,367</td>
</tr>
<tr>
<td>09</td>
<td>Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>35,140</td>
<td>23,294</td>
<td>20,911</td>
<td>11,910</td>
<td>8,559</td>
<td>1,658</td>
<td>1,447</td>
<td>3,130</td>
</tr>
<tr>
<td>10</td>
<td>Endocrine, nutritional and metabolic diseases and disorders</td>
<td>17,137</td>
<td>13,031</td>
<td>10,064</td>
<td>5,117</td>
<td>4,576</td>
<td>1,065</td>
<td>719</td>
<td>872</td>
</tr>
<tr>
<td>11</td>
<td>Diseases and disorders of the kidney and urinary tract</td>
<td>38,164</td>
<td>29,577</td>
<td>21,464</td>
<td>11,200</td>
<td>9,857</td>
<td>1,713</td>
<td>2,019</td>
<td>1,833</td>
</tr>
<tr>
<td>12</td>
<td>Diseases and disorders of the male reproductive system</td>
<td>6,530</td>
<td>5,182</td>
<td>3,752</td>
<td>2,155</td>
<td>1,835</td>
<td>375</td>
<td>417</td>
<td>240</td>
</tr>
<tr>
<td>13</td>
<td>Diseases and disorders of the female reproductive system</td>
<td>14,195</td>
<td>12,270</td>
<td>8,972</td>
<td>4,358</td>
<td>3,851</td>
<td>928</td>
<td>697</td>
<td>619</td>
</tr>
<tr>
<td>14</td>
<td>Pregnancy, childbirth and puerperium</td>
<td>91,488</td>
<td>66,300</td>
<td>54,372</td>
<td>28,160</td>
<td>18,909</td>
<td>4,899</td>
<td>5,234</td>
<td>4,615</td>
</tr>
<tr>
<td>15</td>
<td>Newborns and other neonates</td>
<td>36,435</td>
<td>14,984</td>
<td>11,766</td>
<td>6,315</td>
<td>4,788</td>
<td>1,556</td>
<td>1,472</td>
<td>1,034</td>
</tr>
<tr>
<td>16</td>
<td>Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>10,749</td>
<td>8,504</td>
<td>5,652</td>
<td>3,041</td>
<td>3,068</td>
<td>599</td>
<td>475</td>
<td>406</td>
</tr>
<tr>
<td>17</td>
<td>Neoplastic disorders (haematological and solid neoplasms)</td>
<td>6,348</td>
<td>5,510</td>
<td>3,182</td>
<td>1,898</td>
<td>1,643</td>
<td>532</td>
<td>363</td>
<td>128</td>
</tr>
<tr>
<td>18</td>
<td>Infectious and parasitic diseases</td>
<td>18,938</td>
<td>12,833</td>
<td>9,414</td>
<td>5,395</td>
<td>3,241</td>
<td>879</td>
<td>804</td>
<td>1,010</td>
</tr>
<tr>
<td>19</td>
<td>Mental diseases and disorders</td>
<td>32,081</td>
<td>26,066</td>
<td>18,507</td>
<td>12,083</td>
<td>10,482</td>
<td>1,992</td>
<td>1,247</td>
<td>924</td>
</tr>
<tr>
<td>20</td>
<td>Alcohol/drug use and alcohol/drug induced organic mental disorders</td>
<td>10,384</td>
<td>4,657</td>
<td>4,475</td>
<td>4,050</td>
<td>1,920</td>
<td>436</td>
<td>607</td>
<td>351</td>
</tr>
<tr>
<td>21</td>
<td>Injuries, poisoning and toxic effects of drugs</td>
<td>34,197</td>
<td>24,832</td>
<td>18,885</td>
<td>10,952</td>
<td>7,525</td>
<td>1,772</td>
<td>1,548</td>
<td>1,977</td>
</tr>
<tr>
<td>22</td>
<td>Burns</td>
<td>1,305</td>
<td>1,082</td>
<td>1,089</td>
<td>849</td>
<td>661</td>
<td>137</td>
<td>50</td>
<td>305</td>
</tr>
<tr>
<td>23</td>
<td>Factors influencing health status and other contacts with health services</td>
<td>14,838</td>
<td>10,296</td>
<td>5,094</td>
<td>2,118</td>
<td>3,788</td>
<td>787</td>
<td>170</td>
<td>452</td>
</tr>
<tr>
<td>ED</td>
<td>Error DRGs(^{a})</td>
<td>2,851</td>
<td>1,143</td>
<td>738</td>
<td>551</td>
<td>313</td>
<td>88</td>
<td>33</td>
<td>81</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>874,293</strong></td>
<td><strong>621,425</strong></td>
<td><strong>466,393</strong></td>
<td><strong>254,810</strong></td>
<td><strong>208,710</strong></td>
<td><strong>47,009</strong></td>
<td><strong>41,051</strong></td>
<td><strong>38,095</strong></td>
<td><strong>2,551,786</strong></td>
</tr>
</tbody>
</table>

DRG—diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—major diagnostic category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 9.22: Overnight acute separations by Major Diagnostic Category AR-DRG version 6.0x, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>768</td>
<td>760</td>
<td>855</td>
<td>285</td>
<td>320</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,055</td>
</tr>
<tr>
<td>01 Diseases and disorders of the nervous system</td>
<td>7,803</td>
<td>9,259</td>
<td>9,464</td>
<td>3,346</td>
<td>2,213</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>33,011</td>
</tr>
<tr>
<td>02 Diseases and disorders of the eye</td>
<td>3,164</td>
<td>2,144</td>
<td>1,649</td>
<td>2,584</td>
<td>1,171</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,177</td>
</tr>
<tr>
<td>03 Diseases and disorders of the ear, nose, mouth and throat</td>
<td>20,163</td>
<td>14,348</td>
<td>13,619</td>
<td>7,272</td>
<td>6,087</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>64,733</td>
</tr>
<tr>
<td>04 Diseases and disorders of the respiratory system</td>
<td>18,491</td>
<td>25,757</td>
<td>29,574</td>
<td>10,155</td>
<td>6,867</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>93,516</td>
</tr>
<tr>
<td>05 Diseases and disorders of the circulatory system</td>
<td>26,638</td>
<td>37,270</td>
<td>35,555</td>
<td>11,947</td>
<td>6,867</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>124,947</td>
</tr>
<tr>
<td>06 Diseases and disorders of the digestive system</td>
<td>24,776</td>
<td>30,392</td>
<td>32,450</td>
<td>11,794</td>
<td>9,570</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>114,252</td>
</tr>
<tr>
<td>07 Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>7,854</td>
<td>7,796</td>
<td>7,834</td>
<td>2,973</td>
<td>2,476</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>30,360</td>
</tr>
<tr>
<td>08 Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>57,250</td>
<td>57,334</td>
<td>48,985</td>
<td>29,052</td>
<td>19,320</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>221,137</td>
</tr>
<tr>
<td>09 Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>13,225</td>
<td>15,495</td>
<td>13,253</td>
<td>6,319</td>
<td>4,071</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>54,650</td>
</tr>
<tr>
<td>10 Endocrine, nutritional and metabolic diseases and disorders</td>
<td>7,281</td>
<td>6,353</td>
<td>6,021</td>
<td>4,408</td>
<td>2,391</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>27,681</td>
</tr>
<tr>
<td>12 Diseases and disorders of the male reproductive system</td>
<td>7,718</td>
<td>6,664</td>
<td>5,377</td>
<td>2,545</td>
<td>1,675</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>25,196</td>
</tr>
<tr>
<td>14 Pregnancy, childbirth and puerperium</td>
<td>27,102</td>
<td>23,149</td>
<td>20,945</td>
<td>11,685</td>
<td>5,353</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>93,556</td>
</tr>
<tr>
<td>15 Newborns and other neonates</td>
<td>7,801</td>
<td>3,725</td>
<td>2,649</td>
<td>2,335</td>
<td>803</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>18,097</td>
</tr>
<tr>
<td>16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>1,679</td>
<td>3,040</td>
<td>2,903</td>
<td>1,224</td>
<td>1,017</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>10,190</td>
</tr>
<tr>
<td>17 Neoplastic disorders (haematological and solid neoplasms)</td>
<td>1,500</td>
<td>3,475</td>
<td>3,360</td>
<td>1,624</td>
<td>931</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,203</td>
</tr>
<tr>
<td>18 Infectious and parasitic diseases</td>
<td>2,137</td>
<td>3,021</td>
<td>3,661</td>
<td>1,221</td>
<td>751</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,268</td>
</tr>
<tr>
<td>19 Mental diseases and disorders</td>
<td>8,493</td>
<td>7,139</td>
<td>6,885</td>
<td>3,154</td>
<td>1,499</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>28,290</td>
</tr>
<tr>
<td>20 Alcohol/drug use and alcohol/drug induced organic mental disorders</td>
<td>2,610</td>
<td>1,186</td>
<td>1,874</td>
<td>716</td>
<td>254</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>7,466</td>
</tr>
<tr>
<td>21 Injuries, poisoning and toxic effects of drugs</td>
<td>3,045</td>
<td>4,777</td>
<td>4,711</td>
<td>2,606</td>
<td>1,217</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>16,359</td>
</tr>
<tr>
<td>22 Burns</td>
<td>29</td>
<td>61</td>
<td>43</td>
<td>14</td>
<td>13</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>166</td>
</tr>
<tr>
<td>23 Factors influencing health status and other contacts with health services</td>
<td>4,509</td>
<td>4,138</td>
<td>2,173</td>
<td>1,025</td>
<td>1,048</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>13,689</td>
</tr>
<tr>
<td>ED Error DRGs&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>460</td>
<td>914</td>
<td>814</td>
<td>226</td>
<td>198</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2,674</td>
</tr>
<tr>
<td>Total</td>
<td>276,770</td>
<td>290,786</td>
<td>275,689</td>
<td>127,610</td>
<td>87,252</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1,103,656</td>
</tr>
</tbody>
</table>

DRG—diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—major diagnostic category.

<sup>(a)</sup> An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
Table 9.23: Procedures(a) reported for overnight acute separations by ACHI chapter, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86 Procedures on nervous system</td>
<td>15,319</td>
<td>13,343</td>
<td>7,768</td>
<td>4,870</td>
<td>3,684</td>
<td>1,146</td>
<td>940</td>
<td>521</td>
<td>47,591</td>
</tr>
<tr>
<td>110–129 Procedures on endocrine system</td>
<td>2,738</td>
<td>1,966</td>
<td>1,343</td>
<td>789</td>
<td>529</td>
<td>115</td>
<td>120</td>
<td>45</td>
<td>7,645</td>
</tr>
<tr>
<td>160–256 Procedures on eye and adnexa</td>
<td>4,360</td>
<td>3,429</td>
<td>1,899</td>
<td>1,621</td>
<td>1,032</td>
<td>78</td>
<td>231</td>
<td>144</td>
<td>12,794</td>
</tr>
<tr>
<td>300–333 Procedures on ear and mastoid process</td>
<td>2,451</td>
<td>2,497</td>
<td>1,881</td>
<td>1,272</td>
<td>971</td>
<td>171</td>
<td>171</td>
<td>260</td>
<td>9,674</td>
</tr>
<tr>
<td>370–422 Procedures on nose, mouth and pharynx</td>
<td>11,528</td>
<td>12,890</td>
<td>7,174</td>
<td>1,621</td>
<td>1,032</td>
<td>778</td>
<td>825</td>
<td>436</td>
<td>42,524</td>
</tr>
<tr>
<td>450–490 Dental services</td>
<td>1,281</td>
<td>1,200</td>
<td>1,383</td>
<td>856</td>
<td>530</td>
<td>87</td>
<td>183</td>
<td>336</td>
<td>5,856</td>
</tr>
<tr>
<td>520–570 Procedures on respiratory system</td>
<td>29,427</td>
<td>24,637</td>
<td>15,763</td>
<td>8,237</td>
<td>6,806</td>
<td>1,946</td>
<td>1,796</td>
<td>1,271</td>
<td>89,883</td>
</tr>
<tr>
<td>600–777 Procedures on cardiovascular system</td>
<td>34,537</td>
<td>26,321</td>
<td>19,642</td>
<td>9,758</td>
<td>9,715</td>
<td>2,111</td>
<td>2,360</td>
<td>974</td>
<td>105,318</td>
</tr>
<tr>
<td>800–817 Procedures on blood and blood-forming organs</td>
<td>27,420</td>
<td>19,674</td>
<td>15,452</td>
<td>8,237</td>
<td>6,806</td>
<td>1,946</td>
<td>1,796</td>
<td>1,271</td>
<td>89,883</td>
</tr>
<tr>
<td>850–1011 Procedures on digestive system</td>
<td>71,196</td>
<td>56,572</td>
<td>39,532</td>
<td>21,464</td>
<td>18,272</td>
<td>4,747</td>
<td>4,033</td>
<td>2,197</td>
<td>218,013</td>
</tr>
<tr>
<td>1040–1129 Procedures on urinary system</td>
<td>21,634</td>
<td>19,429</td>
<td>13,229</td>
<td>7,038</td>
<td>6,435</td>
<td>1,120</td>
<td>1,485</td>
<td>1,836</td>
<td>72,206</td>
</tr>
<tr>
<td>1160–1203 Procedures on male genital organs</td>
<td>5,559</td>
<td>5,065</td>
<td>3,163</td>
<td>1,888</td>
<td>1,679</td>
<td>376</td>
<td>352</td>
<td>171</td>
<td>18,253</td>
</tr>
<tr>
<td>1240–1299 Gynaecological procedures</td>
<td>15,063</td>
<td>12,524</td>
<td>9,653</td>
<td>4,821</td>
<td>4,145</td>
<td>999</td>
<td>710</td>
<td>635</td>
<td>48,550</td>
</tr>
<tr>
<td>1330–1347 Obstetric procedures</td>
<td>62,513</td>
<td>47,131</td>
<td>35,748</td>
<td>21,366</td>
<td>13,388</td>
<td>3,217</td>
<td>3,682</td>
<td>2,558</td>
<td>189,603</td>
</tr>
<tr>
<td>1360–1579 Procedures on musculoskeletal system</td>
<td>61,238</td>
<td>45,514</td>
<td>33,784</td>
<td>20,910</td>
<td>14,486</td>
<td>4,234</td>
<td>4,002</td>
<td>3,127</td>
<td>187,295</td>
</tr>
<tr>
<td>1600–1718 Dermatological and plastic procedures</td>
<td>31,330</td>
<td>28,603</td>
<td>20,744</td>
<td>10,019</td>
<td>8,885</td>
<td>1,667</td>
<td>1,951</td>
<td>3,585</td>
<td>109,784</td>
</tr>
<tr>
<td>1740–1759 Procedures on breast</td>
<td>3,486</td>
<td>3,150</td>
<td>2,389</td>
<td>1,369</td>
<td>1,162</td>
<td>223</td>
<td>179</td>
<td>122</td>
<td>12,080</td>
</tr>
<tr>
<td>1786–1799 Radiation oncology procedures</td>
<td>3,155</td>
<td>2,064</td>
<td>1,463</td>
<td>558</td>
<td>560</td>
<td>168</td>
<td>222</td>
<td>59</td>
<td>8,249</td>
</tr>
<tr>
<td>1820–1922 Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>500,512</td>
<td>383,616</td>
<td>269,556</td>
<td>155,983</td>
<td>129,654</td>
<td>31,267</td>
<td>26,588</td>
<td>20,894</td>
<td>1,518,070</td>
</tr>
<tr>
<td>1940–2016 Imaging services</td>
<td>11,330</td>
<td>4,454</td>
<td>3,844</td>
<td>2,511</td>
<td>1,300</td>
<td>307</td>
<td>587</td>
<td>222</td>
<td>24,555</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>318,653</td>
<td>196,125</td>
<td>168,740</td>
<td>81,930</td>
<td>69,359</td>
<td>13,238</td>
<td>11,256</td>
<td>14,160</td>
<td>873,461</td>
</tr>
<tr>
<td>Total</td>
<td>874,293</td>
<td>621,425</td>
<td>466,393</td>
<td>254,810</td>
<td>208,710</td>
<td>47,009</td>
<td>41,051</td>
<td>38,095</td>
<td>2,551,786</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
### Table 9.24: Procedures(a) reported for overnight acute separations by ACHI chapter, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Procedure chapters</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>110–129 Procedures on endocrine system</td>
<td>3,085</td>
<td>1,931</td>
<td>1,610</td>
<td>1,064</td>
<td>549</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>8,460</td>
</tr>
<tr>
<td>160–256 Procedures on eye and adnexa</td>
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<td>1,976</td>
<td>1,510</td>
<td>2,464</td>
<td>1,114</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>10,456</td>
</tr>
<tr>
<td>300–333 Procedures on ear and mastoid process</td>
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<td>1,649</td>
<td>1,884</td>
<td>1,376</td>
<td>864</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>9,195</td>
</tr>
<tr>
<td>370–422 Procedures on nose, mouth and pharynx</td>
<td>17,188</td>
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<td>6,737</td>
<td>4,690</td>
<td>n.p.</td>
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<td>n.p.</td>
<td>52,671</td>
</tr>
<tr>
<td>450–490 Dental services</td>
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<td>907</td>
<td>500</td>
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<td>426</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>3,380</td>
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<tr>
<td>520–570 Procedures on respiratory system</td>
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<td>6,929</td>
<td>10,601</td>
<td>2,300</td>
<td>2,580</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>28,537</td>
</tr>
<tr>
<td>800–817 Procedures on blood and blood-forming organs</td>
<td>4,764</td>
<td>4,016</td>
<td>4,377</td>
<td>1,725</td>
<td>1,566</td>
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<td>n.p.</td>
<td>17,124</td>
</tr>
<tr>
<td>850–1011 Procedures on digestive system</td>
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<td>37,459</td>
<td>38,836</td>
<td>16,792</td>
<td>12,669</td>
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<td>149,802</td>
</tr>
<tr>
<td>1160–1203 Procedures on male genital organs</td>
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<td>2,833</td>
<td>1,923</td>
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<td>n.p.</td>
<td>n.p.</td>
<td>28,525</td>
</tr>
<tr>
<td>1240–1299 Gynaecological procedures</td>
<td>12,963</td>
<td>9,427</td>
<td>10,163</td>
<td>4,740</td>
<td>3,824</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>43,099</td>
</tr>
<tr>
<td>1330–1347 Obstetric procedures</td>
<td>22,823</td>
<td>19,820</td>
<td>17,137</td>
<td>10,329</td>
<td>4,729</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>78,828</td>
</tr>
<tr>
<td>1360–1579 Procedures on musculoskeletal system</td>
<td>50,549</td>
<td>50,418</td>
<td>42,140</td>
<td>26,310</td>
<td>17,454</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>195,122</td>
</tr>
<tr>
<td>1740–1759 Procedures on breast</td>
<td>5,879</td>
<td>5,284</td>
<td>4,432</td>
<td>3,511</td>
<td>1,819</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>21,856</td>
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<tr>
<td>1820–1922 Non-invasive, cognitive and other interventions, n.e.c.</td>
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<td>237,827</td>
<td>218,324</td>
<td>106,902</td>
<td>72,682</td>
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<td>n.p.</td>
<td>n.p.</td>
<td>905,021</td>
</tr>
<tr>
<td>1940–2016 Imaging services</td>
<td>6,297</td>
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<td>5,434</td>
<td>1,292</td>
<td>928</td>
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<td>n.p.</td>
<td>n.p.</td>
<td>19,668</td>
</tr>
<tr>
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<td>44,885</td>
<td>13,483</td>
<td>11,589</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>139,781</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>276,770</strong></td>
<td><strong>290,786</strong></td>
<td><strong>275,689</strong></td>
<td><strong>127,610</strong></td>
<td><strong>87,252</strong></td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td><strong>1,103,656</strong></td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.
10 Surgery in Australian hospitals

This chapter presents information on surgery in Australian hospitals.

It includes an overview of surgery in public and private hospitals, based on information for more than 2.4 million acute separations involving surgery in 2011–12, sourced from the NHMD. It then presents more detailed information on surgery for separations with an Emergency or Elective urgency of admission that includes:

- demographic information on the patients’ age, sex, Indigenous status, remoteness area and socioeconomic status of area of usual residence
- administrative information, including the modes of admission and separation and funding source for the episode
- clinical information, including the principal diagnoses and procedures performed.

The chapter also presents waiting times information on ‘elective surgery’ as defined in the National health data dictionary, version 16 (AIHW 2012f), based on:

- data for about 660,000 patients admitted from public acute hospital elective surgery waiting lists. These data are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC). The records include information on waiting times, surgical specialty of the scheduled doctor and indicator procedure performed
- linked data for public hospital elective surgery waiting times and admitted patient care for more than 640,000 records. The linked elective surgery and admitted patient data allowed analysis of public hospital waiting times for elective surgery for Indigenous and non-Indigenous Australians, by remoteness area and socioeconomic status of the patient’s usual residence. Estimates of the separation rates for indicator procedures (see Box 10.2 and Appendix B) and for cancer-related principal diagnoses are included.

Timely provision of the NESWTDC data by state and territory health authorities allowed the waiting times information to be reported in Australian hospital statistics 2011–12: elective surgery waiting times (AIHW 2012d) in October 2012. This chapter presents selected headline statistics from the earlier report, as well as additional information not provided in that report because the admitted patient data were not available.

What data are reported?

Separations involving surgery

Information on admitted patient care for both Emergency and Elective admissions involving surgery is derived from the NHMD (see Appendix A). Terms relevant to admitted patient care data are summarised in Box 7.1.

As the NHMD includes information on admitted patient care for essentially all public and private hospitals, it can provide an overview of ‘elective’ surgery that is beyond the scope of the NESWTDC, which is restricted to waiting lists managed by public hospitals only.
Elective surgery waiting times

The scope of the NESWTDC is patients on waiting lists for elective surgery that are managed by public hospitals. This may include Public patients treated in private hospitals and patients other than Public patients treated in public hospitals.

The data reported are for patients removed from elective surgery waiting lists in public hospitals between 1 July 2011 and 30 June 2012. It is estimated that the NESWTDC data covers about 97% of all elective surgery in public hospitals. Waiting times data are not available for private hospitals. See Appendix A for more information.

Box 10.1: Definitions

How are separations involving surgery defined in this chapter?

Separations were included for which the care type was reported as Acute, Newborn (with at least one qualified day) and records where the care type was not reported.

For the NHMD, separations involving surgery are defined as acute care separations with a ‘surgical procedure’ reported, based on the procedures used to define ‘surgical’ DRGs in AR-DRG version 6.0x (DoHA 2011). Separations for Specialist mental health care and Childbirth were excluded (see Chapter 7).

Separations involving surgery are presented in this chapter as emergency and elective admissions involving surgery. Emergency admissions includes separations for which the Urgency of admission was reported as Emergency (about 295,000 records nationally). Elective admissions includes separations for which the Urgency of admission was reported as Elective (about 2 million records nationally). A relatively small number of separations involving surgery had an Urgency of admission that was Not assigned or Not reported (about 27,000 records nationally). These records are in Table 10.1 but are not included in subsequent tables in this chapter.

The elective admissions involving surgery using admitted patient care data from the NHMD is not necessarily the same as elective surgery as defined for the NESWTDC.

Waiting times data for elective surgery

For the NESWTDC, elective surgery comprises elective care (admission could be delayed by at least 24 hours), where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (AIHW 2012f).

Linked admitted patient care and elective surgery waiting times data

For 2011–12, most states and territories provided the elective surgery waiting times either pre-linked or linkable to the admitted patient data, so that the information on waiting times could be linked to the information on the surgery that occurred at the end of the wait. Where necessary, the AIHW linked the data with permission of the relevant state or territory and the AIHW Ethics Committee.
Box 10.2: What are the limitations of the data?

Admitted patient care data

- Limitations of the data on admitted patient care are in Chapter 7 and Appendix A.
- The quality of Indigenous status data in the NHMD is variable and these data should be used with caution. For more information on the quality of Indigenous status data see Appendix B.
- In the Northern Territory, urgency of admission for private hospital separations was missing for all records. For the purposes of this chapter, all separations involving surgery have been categorised as elective admissions involving surgery. Therefore, these counts may not agree with counts presented for non-emergency surgery in other chapters in this report.

Elective surgery waiting times data

- The data collection covered most public hospitals that undertake elective surgery (see Appendix A). However, some patients treated in private hospitals under contract in Victoria and Tasmania were included. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.
- For 2011–12, about 97% of public elective admissions involving surgery were performed by hospitals that also reported to the NESWTDC. This proportion varied by state and territory, ranging from 100% for New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory to 76% in Victoria. The proportion also varied by hospital peer group, ranging from 100% for Principal referral and specialist women’s and children’s hospitals to 80% for Medium hospitals.
- Methods to calculate waiting times have varied across states and territories and over time (see Appendix B).
- From 2009–10, the data for the Albury Base Hospital have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by and included in statistics for New South Wales.
- In 2011–12, for patients who were admitted after being transferred from another hospital’s waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.

Linked NHMD and NESWTDC data

- The linked data accounted for about 97% of the records provided with waiting times. There was some variation in the linked data coverage between states and territories, ranging from 87% for the Northern Territory to 100% for Queensland.
- Coverage of the linked data by remoteness area ranged from 86% in Inner and outer regional areas to 100% in Major cities. Coverage by SES group ranged from 92% for the second most disadvantaged group to 100% for the least disadvantaged group (5—Highest). These variations in coverage should be considered when interpreting the waiting times and the age-standardised rates in this chapter.
How has surgery activity changed over time?

National

Between 2010–11 to 2011–12, separations involving surgery rose 3.6% to more than 2.4 million.

Between 2007–08 and 2011–12, the number of separations involving surgery rose by an average of 3.2% per year (Table 10.1). Over the same period, the number of emergency admissions involving surgery increased by an average of 4.1% per year and the number of elective admissions involving surgery increased by an average of 3.4% per year. The average annual rise in elective admissions involving surgery was higher in private hospitals (4.1%) than in public hospitals (2.0%).

### Table 10.1: Separations involving surgery by urgency of admission, public and private hospitals, 2007–08 to 2011–12

<table>
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<tr>
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<td><strong>Public hospitals</strong></td>
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<td></td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>218,079</td>
<td>226,469</td>
<td>229,707</td>
<td>243,771</td>
<td>256,804</td>
<td>4.2</td>
<td>5.3</td>
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<td>Elective admissions</td>
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<td>644,175</td>
<td>656,741</td>
<td>669,884</td>
<td>676,148</td>
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<td>Sub-total</td>
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<td>870,644</td>
<td>886,448</td>
<td>913,655</td>
<td>932,952</td>
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<td>Childbirth-related surgery</td>
<td>60,690</td>
<td>62,537</td>
<td>64,347</td>
<td>65,993</td>
<td>69,039</td>
<td>3.3</td>
<td>4.6</td>
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<td>15,177</td>
<td>15,597</td>
<td>15,849</td>
<td>15,760</td>
<td>17,461</td>
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<td>10.8</td>
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<td>Urgency not reported</td>
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<td>2</td>
<td>3,327</td>
<td>284</td>
<td>218</td>
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<td>1,019,670</td>
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<td><strong>Private hospitals</strong></td>
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</tr>
<tr>
<td>Emergency admissions</td>
<td>33,840</td>
<td>30,575</td>
<td>33,069</td>
<td>36,556</td>
<td>38,634</td>
<td>3.4</td>
<td>5.7</td>
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<tr>
<td>Elective admissions</td>
<td>1,140,256</td>
<td>1,172,326</td>
<td>1,245,704</td>
<td>1,279,501</td>
<td>1,339,422</td>
<td>4.1</td>
<td>4.7</td>
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<td>Sub-total</td>
<td>1,174,096</td>
<td>1,202,901</td>
<td>1,278,773</td>
<td>1,316,057</td>
<td>1,378,056</td>
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<tr>
<td>Childbirth-related surgery</td>
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<td>35,474</td>
<td>37,097</td>
<td>35,698</td>
<td>36,812</td>
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<td><strong>All hospitals</strong></td>
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<tr>
<td>Emergency admissions</td>
<td>251,919</td>
<td>257,044</td>
<td>262,776</td>
<td>280,327</td>
<td>295,438</td>
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<td>5.4</td>
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<tr>
<td>Elective admissions</td>
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<td>1,816,501</td>
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<td>Sub-total</td>
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<td>2,073,545</td>
<td>2,165,221</td>
<td>2,229,712</td>
<td>2,311,008</td>
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<td>98,011</td>
<td>101,444</td>
<td>101,691</td>
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<td>2,358,763</td>
<td>2,443,866</td>
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</table>

**Note:** See boxes 10.1 and 10.2 for notes on definitions and data limitations.
## States and territories

Between 2007–08 and 2011–12, the number of emergency admissions involving surgery increased for public hospitals in most states and territories (Table 10.2).

Emergency admissions involving surgery in private hospitals also increased in most states and territories. South Australia had the highest increase in emergency admissions involving surgery (17.6%) in private hospitals between 2010–11 and 2011–12.

### Table 10.2: Emergency admissions involving surgery, public and private hospitals, states and territories, 2007–08 to 2011–12

<table>
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<tr>
<td>Public hospitals</td>
<td>72,965</td>
<td>77,185</td>
<td>77,905</td>
<td>79,858</td>
<td>84,980</td>
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<td>Private hospitals</td>
<td>4,075</td>
<td>4,278</td>
<td>4,204</td>
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<td>Total</td>
<td>77,040</td>
<td>81,463</td>
<td>82,109</td>
<td>83,904</td>
<td>89,276</td>
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<td><strong>Victoria</strong></td>
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<td>Public hospitals</td>
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<td>54,716</td>
<td>57,817</td>
<td>59,997</td>
<td>62,528</td>
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<td>8,964</td>
<td>9,988</td>
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<td>Total</td>
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<td>61,680</td>
<td>65,691</td>
<td>68,961</td>
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<td>5,501</td>
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<td>Total</td>
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<td>30,918</td>
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<td>Public hospitals</td>
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<td>18,945</td>
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<td>6,233</td>
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<td>23,733</td>
<td>25,764</td>
<td>27,569</td>
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<tr>
<td>Total</td>
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<td>5,711</td>
<td>2,500</td>
<td>5,770</td>
<td>5,902</td>
<td>2.1</td>
<td>2.3</td>
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<td>Public hospitals</td>
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<tr>
<td>Total</td>
<td>4,763</td>
<td>5,238</td>
<td>5,788</td>
<td>6,377</td>
<td>6,600</td>
<td>8.5</td>
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<td>Public hospitals</td>
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<td>3,779</td>
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<td>4,399</td>
<td>4,628</td>
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<tr>
<td>Total</td>
<td>3,625</td>
<td>3,779</td>
<td>3,922</td>
<td>4,399</td>
<td>4,628</td>
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<td>5.2</td>
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<tr>
<td><strong>Total</strong></td>
<td>218,079</td>
<td>226,469</td>
<td>229,707</td>
<td>243,771</td>
<td>256,804</td>
<td>4.2</td>
<td>5.3</td>
</tr>
<tr>
<td>Public hospitals</td>
<td>33,840</td>
<td>30,575</td>
<td>33,069</td>
<td>36,556</td>
<td>38,634</td>
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<td>5.7</td>
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<tr>
<td>Total</td>
<td>251,919</td>
<td>257,044</td>
<td>262,776</td>
<td>280,327</td>
<td>295,438</td>
<td>4.1</td>
<td>5.4</td>
</tr>
</tbody>
</table>

(a) For Tasmania in 2009–10, urgency of admission was not reported for a large number of records.

(b) For private hospitals in the Northern Territory, urgency of admission was missing for all records. All Northern Territory private hospital separations involving surgery have been categorised as elective admissions. Therefore, the counts of emergency admissions involving surgery are likely to be under-estimated.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
Between 2007–08 and 2011–12, the number of elective admissions involving surgery increased for public hospitals in all states and territories (Table 10.3).

Over the same period, Western Australia had the highest average annual increase in elective admissions involving surgery (6.6%) in private hospitals.

Table 10.3: Elective admissions involving surgery, public and private hospitals, states and territories, 2007–08 to 2011–12

<table>
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<tr>
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<tbody>
<tr>
<td><strong>New South Wales</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
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<td>183,554</td>
<td>184,325</td>
<td>189,681</td>
<td>193,730</td>
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<td>4.5</td>
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<td>581,503</td>
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</tr>
<tr>
<td><strong>Victoria</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>186,681</td>
<td>196,717</td>
<td>201,661</td>
<td>202,715</td>
<td>199,876</td>
<td>1.7</td>
<td>–1.4</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>277,604</td>
<td>284,616</td>
<td>306,155</td>
<td>313,182</td>
<td>331,335</td>
<td>4.5</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>464,285</td>
<td>481,333</td>
<td>507,816</td>
<td>515,897</td>
<td>531,211</td>
<td>3.4</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>105,221</td>
<td>108,311</td>
<td>112,458</td>
<td>114,288</td>
<td>115,709</td>
<td>2.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>254,415</td>
<td>253,890</td>
<td>270,111</td>
<td>275,223</td>
<td>288,108</td>
<td>3.2</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>359,636</td>
<td>362,201</td>
<td>382,569</td>
<td>389,511</td>
<td>403,817</td>
<td>2.9</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Western Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>61,094</td>
<td>65,128</td>
<td>65,452</td>
<td>69,188</td>
<td>70,892</td>
<td>3.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>118,347</td>
<td>127,671</td>
<td>132,185</td>
<td>145,057</td>
<td>153,090</td>
<td>6.6</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>179,441</td>
<td>192,799</td>
<td>197,637</td>
<td>214,245</td>
<td>223,982</td>
<td>5.7</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>South Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>61,452</td>
<td>65,054</td>
<td>63,060</td>
<td>64,087</td>
<td>65,644</td>
<td>1.7</td>
<td>2.4</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>93,994</td>
<td>98,106</td>
<td>101,183</td>
<td>100,106</td>
<td>101,816</td>
<td>2.0</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>155,446</td>
<td>161,160</td>
<td>164,243</td>
<td>164,193</td>
<td>167,460</td>
<td>1.9</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Tasmania</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>10,773</td>
<td>11,662</td>
<td>14,349</td>
<td>13,832</td>
<td>13,945</td>
<td>6.7</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Australian Capital Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>9,790</td>
<td>10,018</td>
<td>9,522</td>
<td>10,149</td>
<td>10,317</td>
<td>1.3</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>5,351</td>
<td>5,731</td>
<td>5,914</td>
<td>5,944</td>
<td>6,035</td>
<td>3.1</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>625,581</td>
<td>644,175</td>
<td>656,741</td>
<td>669,884</td>
<td>676,148</td>
<td>2.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Public hospitals</td>
<td>1,140,256</td>
<td>1,172,326</td>
<td>1,245,704</td>
<td>1,279,501</td>
<td>1,339,422</td>
<td>4.1</td>
<td>4.7</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>1,765,837</td>
<td>1,816,501</td>
<td>1,902,445</td>
<td>1,949,385</td>
<td>2,015,570</td>
<td>3.4</td>
<td>3.4</td>
</tr>
</tbody>
</table>

(a) For Tasmania in 2009–10, urgency of admission was not reported for a large number of records.
(b) For private hospitals in the Northern Territory, urgency of admission was missing for all records. All Northern Territory private hospital separations involving surgery have been categorised as elective admissions. Therefore, the counts of elective admissions involving surgery are likely to be over-estimated.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
How much activity was there in 2011–12?

In 2011–12, there were more than 295,000 emergency admissions involving surgery and more than 2 million elective admissions involving surgery (Table 10.4).

Nationally, there were about 100 separations involving surgery per 1,000 population, with emergency admissions accounting for about 13 per 1,000 population. There was some variation among states and territories in the proportion of separations involving surgery that were emergency admissions, ranging from 11.7% in Queensland to 14.1% in South Australia.

Table 10.4: Separations involving surgery per 1,000 population, by urgency of admission, states and territories, all hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(a)</th>
<th>ACT(a)</th>
<th>NT(a)</th>
<th>Total(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>89,276</td>
<td>72,516</td>
<td>53,679</td>
<td>34,729</td>
<td>27,569</td>
<td>5,902</td>
<td>6,600</td>
<td>4,628</td>
<td>295,438</td>
</tr>
<tr>
<td>Separations per 1,000</td>
<td>11.9</td>
<td>12.6</td>
<td>11.9</td>
<td>14.7</td>
<td>15.3</td>
<td>11.1</td>
<td>18.5</td>
<td>21.4</td>
<td>12.8</td>
</tr>
<tr>
<td><strong>Elective admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>603,261</td>
<td>531,211</td>
<td>403,817</td>
<td>223,982</td>
<td>167,460</td>
<td>13,945</td>
<td>10,317</td>
<td>6,035</td>
<td>2,015,570</td>
</tr>
<tr>
<td>Separations per 1,000</td>
<td>79.0</td>
<td>91.9</td>
<td>88.5</td>
<td>94.6</td>
<td>94.0</td>
<td>25.6</td>
<td>29.8</td>
<td>30.6</td>
<td>86.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>692,537</td>
<td>603,727</td>
<td>457,496</td>
<td>258,711</td>
<td>195,029</td>
<td>19,847</td>
<td>16,917</td>
<td>10,663</td>
<td>2,311,008</td>
</tr>
<tr>
<td>Separations per 1,000</td>
<td>90.9</td>
<td>104.5</td>
<td>100.4</td>
<td>109.4</td>
<td>109.3</td>
<td>36.6</td>
<td>48.3</td>
<td>52.0</td>
<td>99.5</td>
</tr>
</tbody>
</table>

(a) For Tasmania, Australian Capital Territory and Northern Territory, data are for public hospitals only.
(b) The total includes private hospital data for Tasmania, Australian Capital Territory and Northern Territory.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

An example: linked elective surgery and admitted patient data

In 2011–12, about two-thirds of admissions (437,000) from public hospital elective surgery waiting lists were for procedures that were not categorised as one of the 15 indicator procedures. Using the linked data, Figure 10.1 presents information on those admissions. In 2011–12:

- admitted patient data could be linked for 98% of these admissions (427,000)
- less than 1% were emergency admissions
- they accounted for almost 930,000 patient days, with an average length of stay of 2.2 days
- the most common principal diagnoses included Other malignant neoplasms of skin (23,800 separations), Internal derangement of knee (11,500) and Mononeuropathies of upper limb (10,900)
- apart from anaesthesia and generalised allied health interventions (which are not surgical), the most common procedures performed were Excision of skin lesions (50,200 procedures), Curettage and evacuation of uterus (22,100) and Examination procedures on the uterus (15,500)
- the most common age groups were 45 to 54 and 55 to 64 years
- 54% of these separations were for females.

Between 2007–08 and 2011–12, admissions from public hospital elective surgery waiting lists for patients awaiting a procedure that was not one of the 15 specific indicator procedures increased by about 16%.
Figure 10.1: Data reported for admissions from public hospital elective surgery waiting lists for separations where the awaited procedure was not one of the 15 indicator procedures, public hospitals, 2011–12
Who used these services?

Sex and age group

Males accounted for more than half (55%) of emergency admissions involving surgery (Figure 10.2). There were more emergency admissions involving surgery for males than females in almost all age groups except 30 to 39 and those aged 80 and over. Persons aged 15 to 29 accounted for about 20% of all emergency admissions involving surgery.

For children aged 10 to 14, there were almost twice as many emergency admissions for males as for females.

Females accounted for more than half (56%) of elective admissions involving surgery (Figure 10.3). There were more elective admissions involving surgery for females than males in the age groups from 15 to 59 and 80 and over. In particular, for the age groups from 30 to 39, there were more than two and half times as many elective admissions involving surgery for females as for males.

Access: rates of separations involving surgery

In 2011–12, public hospitals provided almost 41 separations involving surgery per 1,000 population and private hospitals provided about 59 per 1,000 (Table 10.5).

There was some variation in the rates of separations involving surgery by urgency of admission, Indigenous status, remoteness area and socioeconomic status of area of residence.
Table 10.5: Separations involving surgery per 1,000 population by urgency of admission, Indigenous status, remoteness area and socioeconomic status of area of residence, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency admissions</td>
<td>Elective admissions</td>
<td>Emergency admissions</td>
</tr>
<tr>
<td>Indigenous status(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td>24.9</td>
<td>44.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Other Australians</td>
<td>10.9</td>
<td>28.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Remoteness of residence(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major cities</td>
<td>10.5</td>
<td>25.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Inner regional</td>
<td>12.0</td>
<td>36.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Outer regional</td>
<td>12.5</td>
<td>38.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Remote</td>
<td>16.3</td>
<td>39.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Very remote</td>
<td>20.6</td>
<td>33.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Socioeconomic status(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–Lowest</td>
<td>12.9</td>
<td>38.3</td>
<td>0.9</td>
</tr>
<tr>
<td>2</td>
<td>12.0</td>
<td>34.3</td>
<td>1.1</td>
</tr>
<tr>
<td>3</td>
<td>11.9</td>
<td>32.1</td>
<td>1.6</td>
</tr>
<tr>
<td>4</td>
<td>10.3</td>
<td>25.2</td>
<td>1.9</td>
</tr>
<tr>
<td>5–Highest</td>
<td>8.3</td>
<td>16.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>11.2</td>
<td>29.3</td>
<td>1.6</td>
</tr>
</tbody>
</table>

(a) Other Australians includes presentations for which the Indigenous status was not reported.
(b) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.
(c) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be underenumerated. The quality of the data provided for Indigenous status in 2011–12 for admitted patient care varied by jurisdiction. See Chapter 7 and Appendix B for more information on the quality of Indigenous data in the NHMD.

Separations involving surgery

There were more than 34,000 separations involving surgery for Indigenous Australians in 2011–12, a rate of 79 per 1,000 population for Indigenous Australians compared to 100 per 1,000 for other Australians (Table 10.5).

About a third of separations involving surgery for Indigenous Australians were emergency admissions (32%), and the rate of emergency admissions involving surgery for Indigenous Australians was 25 per 1,000 population, almost twice the rate for other Australians (13 per 1,000).

The separation rate for elective admissions involving surgery for Indigenous Australians (54 per 1,000) was about 62% of the rate for other Australians (87 per 1,000).

Indicator procedures

Analysis of the linked NHMD and NESWTDC data provides an opportunity to understand how elective surgery activity for people admitted from waiting lists varied across population groups.

The SRRs presented in Figure 10.4 compare the separation rates for Indigenous Australians with the rates for other Australians. An SRR greater than 1.0 indicates that Indigenous Australians had a higher separation rate for the indicator procedure than other Australians admitted for elective surgery from elective surgery waiting lists.

For 11 of the 15 indicator procedures, the data suggest that the separation rates for Indigenous Australians were markedly different from the rates for other Australians. The rates were not notably different for Varicose veins stripping and ligation, Cystoscopy, Inguinal herniorrhaphy, Prostatectomy and Total hip replacement.

The highest SRRs were reported for Myringoplasty (9.1) and Coronary artery bypass graft (4.3). Indigenous Australians had SRRs less than 1.0 for Septoplasty and Varicose veins stripping and ligation.

For more information, see Table S10.1 accompanying this report online at <www.aihw.gov.au/hospitals/>.
Remoteness area

Separations involving surgery

The overall rate of separations involving surgery was highest for those living in *Inner regional* areas (104 per 1,000 population, Table 10.5). The rate of elective admissions involving surgery was lowest for those living in *Very remote* areas (59 per 1,000) and highest for those living in *Inner regional* areas (91 per 1,000). The separation rate for emergency admissions involving surgery was highest for those living in *Very remote* areas (21 per 1,000) and decreased with decreasing remoteness.

For elective admissions involving surgery in public hospitals, the separation rate was lowest for those living in *Major cities* (26 per 1,000) and highest for those living in *Remote areas* (40 per 1,000). In contrast, for private hospitals the rate was highest for those living in *Major cities* (60 per 1,000) and decreased with increasing remoteness to 25 per 1,000 for *Very remote* areas. This may reflect variations in the availability of private hospital services in the more remote areas of Australia.

Indicator procedures

Using the linked NHMD and NESWTDC data, Table 10.6 presents separation rates by indicator procedure and remoteness area. The rate for *Myringoplasty* for people living in *Very remote* areas was more than 13 times the national rate.

For more information, see Table S10.2 accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table 10.6: Separations per 1,000 population for admissions from public hospital elective surgery waiting lists, by indicator procedure and remoteness area of usual residence(a), public hospitals, 2011–12

<table>
<thead>
<tr>
<th>Indicator procedure</th>
<th>Major Cities</th>
<th>Inner Regional</th>
<th>Outer Regional</th>
<th>Remote</th>
<th>Very Remote</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract extraction</td>
<td>2.3</td>
<td>2.4</td>
<td>3.1</td>
<td>3.6</td>
<td>3.6</td>
<td>2.4</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>0.7</td>
<td>0.9</td>
<td>0.9</td>
<td>1.1</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Coronary artery bypass graft</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
<td>0.4</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>1.8</td>
<td>1.8</td>
<td>1.5</td>
<td>1.6</td>
<td>1.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Haemorrhoidectomy</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>0.4</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Inguinal herniorrhaphy</td>
<td>0.6</td>
<td>0.7</td>
<td>0.7</td>
<td>0.9</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Myringoplasty</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.4</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.6</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Tonsilectomy</td>
<td>0.8</td>
<td>1.0</td>
<td>0.8</td>
<td>0.9</td>
<td>0.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Total hip replacement</td>
<td>0.3</td>
<td>0.4</td>
<td>0.5</td>
<td>0.4</td>
<td>0.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Total knee replacement</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.7</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Varicose veins stripping and ligation</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Not applicable/not stated</td>
<td>17.3</td>
<td>21.0</td>
<td>23.2</td>
<td>26.3</td>
<td>20.5</td>
<td>18.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26.0</strong></td>
<td><strong>31.0</strong></td>
<td><strong>33.4</strong></td>
<td><strong>38.2</strong></td>
<td><strong>31.4</strong></td>
<td><strong>27.8</strong></td>
</tr>
</tbody>
</table>

(a) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

**Socioeconomic status**

**Separations involving surgery**

There was little variation in the rate of emergency admissions involving surgery by SES of area of residence (Table 10.5). For elective admissions involving surgery, separation rates ranged from 79 per 1,000 population for those living in areas classified as being in the lowest SES group to 91 per 1,000 for those living in areas classified as being in the highest and middle SES groups.

In 2011–12, the separation rate for elective admissions involving surgery in public hospitals was highest for people living in areas classified as being in the lowest SES group (38 per 1,000) and tended to decrease with increasing SES to 16 per 1,000 for people living in areas classified in the highest SES group. In contrast, the rate in private hospitals was highest for people living in areas classified as being in the highest SES group (75 per 1,000) and lowest for people living in areas classified in the lowest SES group (40 per 1,000).

**Indicator procedures**

Across all indicator procedures, people living in areas classified as being in the highest SES group had the lowest separation rates for public elective surgery (Table 10.7).

The greatest variation in separation rates by socioeconomic status were for Myringoplasty, with the rate for people living in areas classified as being in the lowest SES group almost
twice the overall rate. The rates for Cataract extraction were more evenly distributed among SES groups, with people living in areas classified as being in the lowest SES group having separation rates about 25% higher than the overall rate, and those in the highest SES group having separation rates about 40% lower than the overall rate.

For more information, see Table S10.3 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 10.7: Separations per 1,000 population for admissions from public hospital elective surgery waiting lists, by indicator procedure and socioeconomic status(a) of area of residence, public hospitals, 2011–12

<table>
<thead>
<tr>
<th>Indicator procedure</th>
<th>1–Lowest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5–Highest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract extraction</td>
<td>4.0</td>
<td>3.9</td>
<td>3.3</td>
<td>2.9</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>1.5</td>
<td>1.2</td>
<td>1.0</td>
<td>0.8</td>
<td>0.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Coronary artery bypass graft</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>2.9</td>
<td>2.8</td>
<td>2.6</td>
<td>2.0</td>
<td>1.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Haemorrhoidectomy</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>0.8</td>
<td>0.7</td>
<td>0.6</td>
<td>0.5</td>
<td>0.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Inguinal herniorrhaphy</td>
<td>1.1</td>
<td>1.0</td>
<td>0.8</td>
<td>0.8</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Myringoplasty</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>&lt;0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Tonsillectomy</td>
<td>1.2</td>
<td>1.1</td>
<td>1.0</td>
<td>0.9</td>
<td>0.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Total hip replacement</td>
<td>0.6</td>
<td>0.6</td>
<td>0.5</td>
<td>0.4</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Total knee replacement</td>
<td>1.0</td>
<td>1.0</td>
<td>0.7</td>
<td>0.6</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Varicose veins stripping and ligation</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Not applicable/not stated</td>
<td>31.3</td>
<td>26.9</td>
<td>25.3</td>
<td>21.1</td>
<td>14.0</td>
<td>18.7</td>
</tr>
<tr>
<td>Total</td>
<td>46.7</td>
<td>41.1</td>
<td>37.7</td>
<td>31.6</td>
<td>20.7</td>
<td>27.8</td>
</tr>
</tbody>
</table>

(a) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

How did people access these services?

Most separations involving surgery had a mode of admission of Other (97%), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 10.8). However, for emergency admissions involving surgery, about 11% were transferred from another hospital.
Table 10.8: Separations involving surgery by urgency of admission and mode of admission, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Admission mode</th>
<th>Emergency admissions</th>
<th>Elective admissions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient transferred from another hospital</td>
<td>33,518</td>
<td>21,475</td>
<td>54,993</td>
</tr>
<tr>
<td>Other</td>
<td>261,722</td>
<td>1,971,534</td>
<td>2,233,256</td>
</tr>
<tr>
<td>Not reported</td>
<td>198</td>
<td>22,560</td>
<td>22,758</td>
</tr>
<tr>
<td>Total</td>
<td>295,438</td>
<td>2,015,570</td>
<td>2,311,008</td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Why did people receive the care?

The reason that a patient receives surgical care can be described in terms of the principal diagnosis.

In 2011–12, more than 14% of separations involving surgery had a principal diagnosis in the ICD-10-AM chapter Diseases of the musculoskeletal system and connective tissue and almost 14% had a principal diagnosis in the Neoplasms chapter (Table 10.9).

The relative distributions of separations involving surgery by diagnosis chapter varied by urgency of admission. For example, more than 97% of separations involving surgery for Diseases of the musculoskeletal system and connective tissue, Diseases of the nervous system, Diseases of the eye and adnexa and Diseases of the ear and mastoid process and childbirth and the puerperium were elective admissions. More than half of separations involving surgery for Injury, poisoning and certain other consequences of external causes were emergency admissions.

Most common principal diagnoses

The 20 most common principal diagnoses accounted for half of the principal diagnoses reported for emergency admissions involving surgery (Table 10.10). The most common principal diagnosis at the 3-character level for emergency admissions was Acute appendicitis, with 89% of those separations in public hospitals. Angina pectoris was the principal diagnosis with the highest proportion of emergency admissions in private hospitals (33%).

For elective admissions involving surgery, the 20 most common principal diagnoses accounted for about 46% of the principal diagnoses reported (Table 10.11). The most common principal diagnosis at the 3-character level for elective admissions was Other cataract, with 67% of those separations coming from private hospitals. About 95% of elective admissions involving surgery with a principal diagnosis of Other retinal disorders and about 92% with a principal diagnosis of Procreative management were from private hospitals.
### Table 10.9: Separations involving surgery, by principal diagnosis in ICD-10-AM chapters and urgency of admission, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Emergency admissions</th>
<th>Elective admissions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>2,325</td>
<td>3,346</td>
<td>5,671</td>
</tr>
<tr>
<td>C00–D48 Neoplasms</td>
<td>12,612</td>
<td>304,011</td>
<td>316,623</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>567</td>
<td>1,379</td>
<td>1,946</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>3,351</td>
<td>27,244</td>
<td>30,595</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>98</td>
<td>33</td>
<td>131</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>1,479</td>
<td>50,435</td>
<td>51,914</td>
</tr>
<tr>
<td>H00–H59 Diseases of the eye and adnexa</td>
<td>4,521</td>
<td>306,392</td>
<td>310,913</td>
</tr>
<tr>
<td>H60–H95 Diseases of the ear and mastoid process</td>
<td>445</td>
<td>41,044</td>
<td>41,489</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>34,250</td>
<td>103,673</td>
<td>137,923</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>5,328</td>
<td>82,411</td>
<td>87,739</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>64,665</td>
<td>167,578</td>
<td>232,243</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>6,995</td>
<td>41,828</td>
<td>48,823</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>9,440</td>
<td>319,542</td>
<td>328,982</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>13,265</td>
<td>215,041</td>
<td>228,306</td>
</tr>
<tr>
<td>O00–O99 Pregnancy, childbirth and the puerperium</td>
<td>13,259</td>
<td>65,561</td>
<td>78,820</td>
</tr>
<tr>
<td>P00–P96 Certain conditions originating in the perinatal period</td>
<td>220</td>
<td>252</td>
<td>472</td>
</tr>
<tr>
<td>Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities</td>
<td>1,320</td>
<td>20,074</td>
<td>21,394</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>4,722</td>
<td>21,078</td>
<td>25,800</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>115,654</td>
<td>100,104</td>
<td>215,758</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>922</td>
<td>144,544</td>
<td>145,466</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>295,438</strong></td>
<td><strong>2,015,570</strong></td>
<td><strong>2,311,008</strong></td>
</tr>
</tbody>
</table>

*Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.*
Table 10.10: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for emergency admissions involving surgery, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>K35 Acute appendicitis</td>
<td>23,985</td>
<td>3,076</td>
<td>27,061</td>
</tr>
<tr>
<td>S72 Fracture of femur</td>
<td>16,957</td>
<td>2,523</td>
<td>19,480</td>
</tr>
<tr>
<td>I21 Acute myocardial infarction</td>
<td>11,613</td>
<td>1,923</td>
<td>13,536</td>
</tr>
<tr>
<td>S82 Fracture of lower leg, including ankle</td>
<td>11,540</td>
<td>1,293</td>
<td>12,833</td>
</tr>
<tr>
<td>S52 Fracture of forearm</td>
<td>9,010</td>
<td>1,040</td>
<td>10,050</td>
</tr>
<tr>
<td>K80 Cholelithiasis</td>
<td>7,354</td>
<td>1,421</td>
<td>8,775</td>
</tr>
<tr>
<td>S62 Fracture at wrist and hand level</td>
<td>6,929</td>
<td>539</td>
<td>7,468</td>
</tr>
<tr>
<td>S61 Open wound of wrist and hand</td>
<td>6,455</td>
<td>516</td>
<td>6,971</td>
</tr>
<tr>
<td>T81 Complications of procedures, not elsewhere classified</td>
<td>4,556</td>
<td>845</td>
<td>5,401</td>
</tr>
<tr>
<td>K61 Abscess of anal and rectal regions</td>
<td>4,675</td>
<td>477</td>
<td>5,152</td>
</tr>
<tr>
<td>S42 Fracture of shoulder and upper arm</td>
<td>4,517</td>
<td>482</td>
<td>4,999</td>
</tr>
<tr>
<td>O03 Spontaneous abortion</td>
<td>4,465</td>
<td>285</td>
<td>4,750</td>
</tr>
<tr>
<td>S66 Injury of muscle and tendon at wrist and hand level</td>
<td>4,177</td>
<td>259</td>
<td>4,436</td>
</tr>
<tr>
<td>K56 Paralytic ileus and intestinal obstruction without hemia</td>
<td>3,463</td>
<td>641</td>
<td>4,104</td>
</tr>
<tr>
<td>O02 Other abnormal products of conception</td>
<td>3,549</td>
<td>157</td>
<td>3,706</td>
</tr>
<tr>
<td>I20 Angina pectoris</td>
<td>2,319</td>
<td>1,123</td>
<td>3,442</td>
</tr>
<tr>
<td>L02 Cutaneous abscess, furuncle and carbuncle</td>
<td>2,912</td>
<td>179</td>
<td>3,091</td>
</tr>
<tr>
<td>S01 Open wound of head</td>
<td>2,832</td>
<td>205</td>
<td>3,037</td>
</tr>
<tr>
<td>O00 Ectopic pregnancy</td>
<td>2,817</td>
<td>168</td>
<td>2,985</td>
</tr>
<tr>
<td>S02 Fracture of skull and facial bones</td>
<td>2,774</td>
<td>98</td>
<td>2,872</td>
</tr>
<tr>
<td>Other</td>
<td>119,905</td>
<td>21,384</td>
<td>141,289</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>256,804</strong></td>
<td><strong>38,634</strong></td>
<td><strong>295,438</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
### Table 10.11: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for elective admissions involving surgery, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>H26 Other cataract</td>
<td>57,419</td>
<td>119,035</td>
<td>176,454</td>
</tr>
<tr>
<td>C44 Other malignant neoplasms of skin</td>
<td>27,311</td>
<td>67,338</td>
<td>94,649</td>
</tr>
<tr>
<td>Z31 Procreative management</td>
<td>5,568</td>
<td>62,136</td>
<td>67,704</td>
</tr>
<tr>
<td>M23 Internal derangement of knee</td>
<td>13,137</td>
<td>49,280</td>
<td>62,417</td>
</tr>
<tr>
<td>M17 Gonarthrosis [arthrosis of knee]</td>
<td>17,870</td>
<td>41,983</td>
<td>59,853</td>
</tr>
<tr>
<td>O04 Medical abortion</td>
<td>8,352</td>
<td>38,786</td>
<td>47,138</td>
</tr>
<tr>
<td>H35 Other retinal disorders</td>
<td>2,474</td>
<td>43,109</td>
<td>45,583</td>
</tr>
<tr>
<td>K40 Inguinal hernia</td>
<td>17,369</td>
<td>25,268</td>
<td>42,637</td>
</tr>
<tr>
<td>J35 Chronic diseases of tonsils and adenoids</td>
<td>15,243</td>
<td>24,080</td>
<td>39,323</td>
</tr>
<tr>
<td>G56 Mononeuropathies of upper limb</td>
<td>12,658</td>
<td>20,409</td>
<td>33,067</td>
</tr>
<tr>
<td>K80 Cholelithiasis</td>
<td>17,112</td>
<td>15,260</td>
<td>32,372</td>
</tr>
<tr>
<td>H25 Senile cataract</td>
<td>17,369</td>
<td>25,268</td>
<td>42,637</td>
</tr>
<tr>
<td>M16 Coxarthrosis [arthrosis of hip]</td>
<td>7,782</td>
<td>16,744</td>
<td>24,526</td>
</tr>
<tr>
<td>J34 Other disorders of nose and nasal sinuses</td>
<td>7,013</td>
<td>16,826</td>
<td>23,839</td>
</tr>
<tr>
<td>I84 Haemorrhoids</td>
<td>8,842</td>
<td>14,717</td>
<td>23,559</td>
</tr>
<tr>
<td>Z47 Other orthopaedic follow-up care</td>
<td>10,586</td>
<td>10,943</td>
<td>21,529</td>
</tr>
<tr>
<td>H65 Nonsuppurative otitis media</td>
<td>6,978</td>
<td>12,849</td>
<td>19,827</td>
</tr>
<tr>
<td>C50 Malignant neoplasm of breast</td>
<td>8,234</td>
<td>10,477</td>
<td>18,711</td>
</tr>
<tr>
<td>Other</td>
<td>406,755</td>
<td>686,656</td>
<td>1,093,411</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>676,148</strong></td>
<td><strong>1,339,422</strong></td>
<td><strong>2,015,570</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

### What care was provided?

This section presents information on separations involving surgery describing care using:

- MDCs and AR-DRGs – based on the AR-DRG classification of acute care separations
- type of surgical procedure undertaken.

### Major Diagnostic Categories

Table 10.12 presents separations involving surgery by MDC and urgency of admission. About 27% of emergency admissions and 20% of elective admissions involving surgery were for Diseases and disorders of the musculoskeletal system and connective tissue, with 84% of these being elective admissions. More than 60% of separations involving surgery for Injuries, poisoning and toxic effects of drugs were emergency admissions.
Table 10.12: Separations involving surgery, by Major Diagnostic Category(a), AR-DRG version 6.0x and urgency of admission, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Major diagnostic category</th>
<th>Emergency admissions</th>
<th>Elective admissions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PR Pre-MDC (tracheostomies, transplants, ECMO)</td>
<td>8,524</td>
<td>6,660</td>
<td>15,184</td>
</tr>
<tr>
<td>01 Diseases and disorders of the nervous system</td>
<td>9,842</td>
<td>51,957</td>
<td>61,799</td>
</tr>
<tr>
<td>02 Diseases and disorders of the eye</td>
<td>6,283</td>
<td>313,263</td>
<td>319,546</td>
</tr>
<tr>
<td>03 Diseases and disorders of the ear, nose, mouth and throat</td>
<td>6,879</td>
<td>155,994</td>
<td>162,873</td>
</tr>
<tr>
<td>04 Diseases and disorders of the respiratory system</td>
<td>3,027</td>
<td>18,079</td>
<td>21,106</td>
</tr>
<tr>
<td>05 Diseases and disorders of the circulatory system</td>
<td>31,145</td>
<td>89,568</td>
<td>120,713</td>
</tr>
<tr>
<td>06 Diseases and disorders of the digestive system</td>
<td>57,414</td>
<td>160,226</td>
<td>217,640</td>
</tr>
<tr>
<td>07 Diseases and disorders of the hepatobiliary system and pancreas</td>
<td>12,719</td>
<td>43,370</td>
<td>56,089</td>
</tr>
<tr>
<td>08 Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>79,439</td>
<td>406,704</td>
<td>486,143</td>
</tr>
<tr>
<td>09 Diseases and disorders of the skin, subcutaneous tissue and breast</td>
<td>9,163</td>
<td>247,619</td>
<td>256,782</td>
</tr>
<tr>
<td>10 Endocrine, nutritional and metabolic diseases and disorders</td>
<td>2,966</td>
<td>30,572</td>
<td>33,538</td>
</tr>
<tr>
<td>11 Diseases and disorders of the kidney and urinary tract</td>
<td>6,342</td>
<td>61,952</td>
<td>68,294</td>
</tr>
<tr>
<td>12 Diseases and disorders of the male reproductive system</td>
<td>3,167</td>
<td>56,591</td>
<td>59,758</td>
</tr>
<tr>
<td>13 Diseases and disorders of the female reproductive system</td>
<td>3,779</td>
<td>256,975</td>
<td>260,754</td>
</tr>
<tr>
<td>14 Pregnancy, childbirth and puerperium</td>
<td>13,251</td>
<td>65,570</td>
<td>78,821</td>
</tr>
<tr>
<td>15 Newborns and other neonates</td>
<td>671</td>
<td>385</td>
<td>1,056</td>
</tr>
<tr>
<td>16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders</td>
<td>924</td>
<td>3,330</td>
<td>4,254</td>
</tr>
<tr>
<td>17 Neoplastic disorders (haematological and solid neoplasms)</td>
<td>1,543</td>
<td>8,727</td>
<td>10,270</td>
</tr>
<tr>
<td>18 Infectious and parasitic diseases</td>
<td>3,936</td>
<td>2,703</td>
<td>6,639</td>
</tr>
<tr>
<td>21 Injuries, poisoning and toxic effects of drugs</td>
<td>26,041</td>
<td>17,256</td>
<td>43,297</td>
</tr>
<tr>
<td>22 Burns</td>
<td>1,841</td>
<td>1,414</td>
<td>3,255</td>
</tr>
<tr>
<td>23 Factors influencing health status and other contacts with health services</td>
<td>219</td>
<td>11,483</td>
<td>11,702</td>
</tr>
<tr>
<td>ED Error DRGs(b)</td>
<td>3,323</td>
<td>5,172</td>
<td>8,495</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>295,438</strong></td>
<td><strong>2,015,570</strong></td>
<td><strong>2,311,008</strong></td>
</tr>
</tbody>
</table>

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) The Major Diagnostic Categories Mental diseases and disorders and Alcohol/drug use and alcohol/drug induced organic mental disorders are not listed as there were no separations involving surgery for these MDCs.

(b) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Most common AR-DRGs

For emergency admissions involving surgery, the 20 most common AR-DRGs accounted for half of the AR-DRGs reported (Table 10.13). In 2011–12, about 7% of emergency admissions involving surgery had an AR-DRG of Appendicectomy without malignancy or peritonitis without catastrophic or severe complications or comorbidities. For Implantation or replacement of pacemaker, total system without catastrophic complications or comorbidities, about 32% of emergency admissions involving surgery were in private hospitals.
<table>
<thead>
<tr>
<th>Diagnosis related group</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>G07B Appendicectomy w/o malignancy or peritonitis without CSCC</td>
<td>19,232</td>
<td>2,494</td>
<td>21,726</td>
</tr>
<tr>
<td>I30Z Hand procedures</td>
<td>11,498</td>
<td>1,011</td>
<td>12,509</td>
</tr>
<tr>
<td>I13B Humerus, tibia, fibula and ankle procedures without CC</td>
<td>11,097</td>
<td>1,271</td>
<td>12,368</td>
</tr>
<tr>
<td>O05Z Abortion with operating room procedure</td>
<td>8,765</td>
<td>482</td>
<td>9,247</td>
</tr>
<tr>
<td>F10B Interventional coronary procedures with AMI without catastrophic CC</td>
<td>7,667</td>
<td>1,328</td>
<td>8,995</td>
</tr>
<tr>
<td>I08B Other hip and femur procedures without catastrophic CC</td>
<td>7,578</td>
<td>1,203</td>
<td>8,781</td>
</tr>
<tr>
<td>I19B Other elbow or forearm procedures without CC</td>
<td>7,487</td>
<td>950</td>
<td>8,437</td>
</tr>
<tr>
<td>X06B Other procedures for other injuries without CSCC</td>
<td>6,927</td>
<td>594</td>
<td>7,521</td>
</tr>
<tr>
<td>G07A Appendicectomy with malignancy or peritonitis or with CSCC</td>
<td>6,500</td>
<td>707</td>
<td>7,207</td>
</tr>
<tr>
<td>H08B Laparoscopic cholecystectomy without closed CDE without CSCC</td>
<td>5,423</td>
<td>1,273</td>
<td>6,696</td>
</tr>
<tr>
<td>G11Z Anal and stomal procedures</td>
<td>5,703</td>
<td>843</td>
<td>6,546</td>
</tr>
<tr>
<td>X05B Other procedures for injuries to hand without CC</td>
<td>5,456</td>
<td>495</td>
<td>5,951</td>
</tr>
<tr>
<td>A06B Trachiotomy with ventilation &gt;95 hours without catastrophic CC or trachiotomy/ventilation &gt;95 hours with catastrophic CC</td>
<td>5,236</td>
<td>277</td>
<td>5,513</td>
</tr>
<tr>
<td>I08A Other hip and femur procedures with catastrophic CC</td>
<td>4,592</td>
<td>462</td>
<td>5,054</td>
</tr>
<tr>
<td>G02A Major small and large bowel procedures with catastrophic CC</td>
<td>3,748</td>
<td>545</td>
<td>4,293</td>
</tr>
<tr>
<td>I03B Hip replacement without catastrophic CC</td>
<td>2,982</td>
<td>777</td>
<td>3,759</td>
</tr>
<tr>
<td>F12B Implantation or replacement of pacemaker, total system without catastrophic CC</td>
<td>2,445</td>
<td>1,151</td>
<td>3,596</td>
</tr>
<tr>
<td>I27B Soft tissue procedures without CC</td>
<td>3,080</td>
<td>271</td>
<td>3,351</td>
</tr>
<tr>
<td>H08A Laparoscopic cholecystectomy with closed CDE or with CSCC</td>
<td>2,708</td>
<td>449</td>
<td>3,157</td>
</tr>
<tr>
<td>G04C Peritoneal adhesiolysis without CC</td>
<td>2,557</td>
<td>537</td>
<td>3,094</td>
</tr>
<tr>
<td>Total</td>
<td>256,804</td>
<td>38,634</td>
<td>295,438</td>
</tr>
</tbody>
</table>

AMI—acute myocardial infarction; CC—complications or comorbidities; CDE—Common bile duct exploration; CSCC—catastrophic or severe complications or comorbidities.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
For elective admissions involving surgery, the 20 most common AR-DRGs accounted for more than half (57%) of the AR-DRGs reported (Table 10.14). The most common AR-DRG for elective admissions was for Lens procedures, which accounted for about 10% of elective admissions involving surgery.

Table 10.14: Separations involving surgery for the 20 most common AR-DRGs version 6.0x for elective admissions, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Diagnosis related group</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>C16Z Lens procedures</td>
<td>62,832</td>
<td>144,305</td>
<td>207,137</td>
</tr>
<tr>
<td>J11Z Other skin, subcutaneous tissue and breast procedures</td>
<td>37,120</td>
<td>63,037</td>
<td>100,157</td>
</tr>
<tr>
<td>I18Z Other knee procedures</td>
<td>17,589</td>
<td>68,008</td>
<td>85,597</td>
</tr>
<tr>
<td>N07Z Other uterine and adnexa procedures for non-malignancy</td>
<td>19,319</td>
<td>60,786</td>
<td>80,105</td>
</tr>
<tr>
<td>O05Z Abortion with operating room procedure</td>
<td>15,415</td>
<td>48,257</td>
<td>63,672</td>
</tr>
<tr>
<td>G10B Hernia procedures without CC</td>
<td>25,763</td>
<td>35,926</td>
<td>61,689</td>
</tr>
<tr>
<td>C03Z Retinal procedures</td>
<td>6,638</td>
<td>48,070</td>
<td>54,708</td>
</tr>
<tr>
<td>G11Z Anal and stomal procedures</td>
<td>20,472</td>
<td>33,661</td>
<td>54,133</td>
</tr>
<tr>
<td>D11Z Tonsillectomy and/or adenoidectomy</td>
<td>17,932</td>
<td>28,109</td>
<td>46,041</td>
</tr>
<tr>
<td>I30Z Hand procedures</td>
<td>15,801</td>
<td>28,589</td>
<td>44,390</td>
</tr>
<tr>
<td>J08B Other skin graft and/or debridement procedures without CC</td>
<td>9,333</td>
<td>35,046</td>
<td>44,379</td>
</tr>
<tr>
<td>I16Z Other shoulder procedures</td>
<td>6,875</td>
<td>34,472</td>
<td>41,347</td>
</tr>
<tr>
<td>N10Z Diagnostic curettage or diagnostic hysteroscopy</td>
<td>18,110</td>
<td>20,022</td>
<td>38,132</td>
</tr>
<tr>
<td>J10Z Skin, subcutaneous tissue and breast plastic or procedures</td>
<td>9,035</td>
<td>27,169</td>
<td>36,204</td>
</tr>
<tr>
<td>N11Z Other female reproductive system or procedures</td>
<td>3,049</td>
<td>31,683</td>
<td>34,732</td>
</tr>
<tr>
<td>I04B Knee replacement without CSCC</td>
<td>10,129</td>
<td>22,906</td>
<td>33,035</td>
</tr>
<tr>
<td>H08B Laparoscopic cholecystectomy without closed CDE without CSCC</td>
<td>16,181</td>
<td>15,928</td>
<td>32,109</td>
</tr>
<tr>
<td>N09Z Conisation, vagina, cervix and vulva procedures</td>
<td>16,273</td>
<td>13,656</td>
<td>29,929</td>
</tr>
<tr>
<td>B05Z Carpal tunnel release</td>
<td>11,672</td>
<td>17,576</td>
<td>29,248</td>
</tr>
<tr>
<td>D10Z Nasal procedures</td>
<td>7,303</td>
<td>17,624</td>
<td>24,927</td>
</tr>
<tr>
<td>Other</td>
<td>329,307</td>
<td>544,592</td>
<td>873,899</td>
</tr>
<tr>
<td>Total</td>
<td>676,148</td>
<td>1,339,422</td>
<td>2,015,570</td>
</tr>
</tbody>
</table>

CC—complications or comorbidities; CDE—Common bile duct exploration; CSCC—catastrophic or severe complications or comorbidities.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Procedures

In this section, counts of procedures are presented for surgical procedures only. See Box 7.1 and Appendix B for information on the classification of procedures.

Almost 23% of all surgical procedures reported for separations involving surgery were for Procedures on musculoskeletal system, with 81% of these being elective admissions (Table 10.15).

In 2011–12, almost 2.8 million surgical procedures were reported for separations involving surgery, with 2.4 million reported for elective admissions. Emergency admissions accounted for about 13% of the procedures reported for separations involving surgery.
Table 10.15: Procedures(a)(b) reported for separations involving surgery by ACHI chapter and urgency of admission, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Emergency admissions</th>
<th>Elective admissions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86</td>
<td>Procedures on nervous system</td>
<td>14,773</td>
<td>89,979</td>
</tr>
<tr>
<td>110–129</td>
<td>Procedures on endocrine system</td>
<td>232</td>
<td>15,349</td>
</tr>
<tr>
<td>160–256</td>
<td>Procedures on eye and adnexa</td>
<td>8,007</td>
<td>330,714</td>
</tr>
<tr>
<td>300–333</td>
<td>Procedures on ear and mastoid process</td>
<td>479</td>
<td>35,654</td>
</tr>
<tr>
<td>370–422</td>
<td>Procedures on nose, mouth and pharynx</td>
<td>3,839</td>
<td>139,015</td>
</tr>
<tr>
<td>450–490</td>
<td>Dental services</td>
<td>58</td>
<td>2,339</td>
</tr>
<tr>
<td>520–570</td>
<td>Procedures on respiratory system</td>
<td>13,439</td>
<td>16,260</td>
</tr>
<tr>
<td>600–777</td>
<td>Procedures on cardiovascular system</td>
<td>47,701</td>
<td>131,231</td>
</tr>
<tr>
<td>800–817</td>
<td>Procedures on blood and blood-forming organs</td>
<td>2,229</td>
<td>30,986</td>
</tr>
<tr>
<td>850–1011</td>
<td>Procedures on digestive system</td>
<td>82,035</td>
<td>258,617</td>
</tr>
<tr>
<td>1040–1129</td>
<td>Procedures on urinary system</td>
<td>7,557</td>
<td>84,213</td>
</tr>
<tr>
<td>1160–1203</td>
<td>Procedures on male genital organs</td>
<td>4,409</td>
<td>61,363</td>
</tr>
<tr>
<td>1240–1299</td>
<td>Gynaecological procedures</td>
<td>19,548</td>
<td>354,976</td>
</tr>
<tr>
<td>1330–1347</td>
<td>Obstetric procedures</td>
<td>698</td>
<td>778</td>
</tr>
<tr>
<td>1360–1579</td>
<td>Procedures on musculoskeletal system</td>
<td>120,400</td>
<td>514,147</td>
</tr>
<tr>
<td>1600–1718</td>
<td>Dermatological and plastic procedures</td>
<td>35,398</td>
<td>286,862</td>
</tr>
<tr>
<td>1740–1759</td>
<td>Procedures on breast</td>
<td>365</td>
<td>52,203</td>
</tr>
<tr>
<td>1786–1799</td>
<td>Radiation oncology procedures</td>
<td>38</td>
<td>2,061</td>
</tr>
<tr>
<td>1820–1922</td>
<td>Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>3,838</td>
<td>1,634</td>
</tr>
<tr>
<td>1940–2016</td>
<td>Imaging services</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Total surgical procedures | 365,043 | 2,408,387 | 2,773,430

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as Surgical.

(b) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
Most common procedures

In 2011–12, Appendicectomy was the most common surgical procedure for emergency admissions involving surgery (Table 10.16). Around 89% of emergency admissions for Appendicectomy procedures were performed in public hospitals. Insertion of cardiac pacemaker generator was the surgical procedure with the highest proportion of emergency admissions in private hospitals (30%).

Table 10.16: Procedures(a) reported for the 20 most common ACHI procedure blocks for emergency admissions involving surgery, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>926 Appendicectomy</td>
<td>26,489</td>
<td>3,231</td>
<td>29,720</td>
</tr>
<tr>
<td>671 Transluminal coronary angioplasty with stenting</td>
<td>11,166</td>
<td>2,714</td>
<td>13,880</td>
</tr>
<tr>
<td>1566 Excision procedures on other musculoskeletal sites</td>
<td>11,625</td>
<td>1,629</td>
<td>13,254</td>
</tr>
<tr>
<td>1479 Fixation of fracture of pelvis or femur</td>
<td>9,604</td>
<td>1,304</td>
<td>10,908</td>
</tr>
<tr>
<td>1628 Other debridement of skin and subcutaneous tissue</td>
<td>10,521</td>
<td>386</td>
<td>10,907</td>
</tr>
<tr>
<td>965 Cholecystectomy</td>
<td>8,958</td>
<td>1,821</td>
<td>10,779</td>
</tr>
<tr>
<td>1265 Curettage and evacuation of uterus</td>
<td>9,046</td>
<td>522</td>
<td>9,568</td>
</tr>
<tr>
<td>1539 Open reduction of fracture of ankle or toe</td>
<td>6,641</td>
<td>793</td>
<td>7,434</td>
</tr>
<tr>
<td>569 Ventilatory support</td>
<td>6,629</td>
<td>326</td>
<td>6,955</td>
</tr>
<tr>
<td>1489 Arthroplasty of hip</td>
<td>5,576</td>
<td>1,104</td>
<td>6,680</td>
</tr>
<tr>
<td>1429 Open reduction of fracture of radius</td>
<td>5,361</td>
<td>705</td>
<td>6,066</td>
</tr>
<tr>
<td>986 Division of abdominal adhesions</td>
<td>4,525</td>
<td>896</td>
<td>5,421</td>
</tr>
<tr>
<td>930 Incision procedures on rectum or anus</td>
<td>4,872</td>
<td>508</td>
<td>5,380</td>
</tr>
<tr>
<td>1466 Repair of tendon of hand</td>
<td>4,278</td>
<td>272</td>
<td>4,550</td>
</tr>
<tr>
<td>650 Insertion of cardiac pacemaker generator</td>
<td>3,103</td>
<td>1,324</td>
<td>4,427</td>
</tr>
<tr>
<td>1636 Repair of nail</td>
<td>3,885</td>
<td>185</td>
<td>4,070</td>
</tr>
<tr>
<td>1256 Procedures for management of ectopic pregnancy</td>
<td>2,827</td>
<td>169</td>
<td>2,996</td>
</tr>
<tr>
<td>1559 Incision procedures on other musculoskeletal sites</td>
<td>2,723</td>
<td>248</td>
<td>2,971</td>
</tr>
<tr>
<td>913 Colectomy</td>
<td>2,379</td>
<td>437</td>
<td>2,816</td>
</tr>
<tr>
<td>1486 Reduction of fracture of pelvis or femur</td>
<td>2,437</td>
<td>288</td>
<td>2,725</td>
</tr>
<tr>
<td>Other</td>
<td>114,159</td>
<td>19,772</td>
<td>133,931</td>
</tr>
</tbody>
</table>

Total 256,804 38,634 295,438

ACHI—Australian Classification of Health Interventions.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as Surgical. For separations for which more than one operating room procedure was reported, the separation was counted against the first surgical procedure reported.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
In 2011–12, *Extracapsular crystalline lens extraction by phacoemulsification* was the most common surgical procedure for elective admissions, accounting for almost 10% of elective admissions (Table 10.17). Around 92% of elective admissions for Procedures for reproductive medicine were performed in private hospitals.

Table 10.17: Procedures\(^{(a)}\) reported for the 20 most common ACHI procedure blocks for elective admissions involving surgery, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>197</td>
<td>60,700</td>
<td>137,184</td>
<td>197,884</td>
</tr>
<tr>
<td>1620</td>
<td>33,298</td>
<td>56,951</td>
<td>90,249</td>
</tr>
<tr>
<td>1265</td>
<td>26,079</td>
<td>57,524</td>
<td>83,603</td>
</tr>
<tr>
<td>1297</td>
<td>5,495</td>
<td>65,072</td>
<td>70,567</td>
</tr>
<tr>
<td>412</td>
<td>22,813</td>
<td>33,293</td>
<td>56,106</td>
</tr>
<tr>
<td>1517</td>
<td>7,125</td>
<td>40,784</td>
<td>47,909</td>
</tr>
<tr>
<td>990</td>
<td>17,190</td>
<td>24,276</td>
<td>41,466</td>
</tr>
<tr>
<td>209</td>
<td>2,185</td>
<td>38,036</td>
<td>40,221</td>
</tr>
<tr>
<td>1518</td>
<td>13,183</td>
<td>26,580</td>
<td>39,763</td>
</tr>
<tr>
<td>941</td>
<td>14,064</td>
<td>24,376</td>
<td>38,440</td>
</tr>
<tr>
<td>965</td>
<td>26,079</td>
<td>17,790</td>
<td>36,869</td>
</tr>
<tr>
<td>1651</td>
<td>6,222</td>
<td>25,042</td>
<td>31,264</td>
</tr>
<tr>
<td>76</td>
<td>11,767</td>
<td>17,852</td>
<td>29,619</td>
</tr>
<tr>
<td>1554</td>
<td>8,735</td>
<td>17,758</td>
<td>26,493</td>
</tr>
<tr>
<td>1554</td>
<td>12,297</td>
<td>11,257</td>
<td>23,554</td>
</tr>
<tr>
<td>309</td>
<td>7,593</td>
<td>14,442</td>
<td>22,035</td>
</tr>
<tr>
<td>1503</td>
<td>6,601</td>
<td>14,526</td>
<td>21,127</td>
</tr>
<tr>
<td>1266</td>
<td>7,322</td>
<td>12,799</td>
<td>20,121</td>
</tr>
<tr>
<td>1566</td>
<td>4,775</td>
<td>14,450</td>
<td>19,225</td>
</tr>
<tr>
<td>1165</td>
<td>7,110</td>
<td>11,803</td>
<td>18,913</td>
</tr>
<tr>
<td>Other</td>
<td>382,201</td>
<td>677,627</td>
<td>1,059,828</td>
</tr>
<tr>
<td>Total</td>
<td>676,148</td>
<td>1,339,422</td>
<td>2,015,570</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions.

\(^{(a)}\) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as Surgical. For separations for which more than one operating room procedure was reported, the separation was counted against the first surgical procedure reported.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

**How long did patients stay?**

The length of stay for separations involving surgery varied by urgency of admission and, to a lesser extent, between public and private hospitals. Overall the length of stay for emergency admissions involving surgery was more than three times as long as for elective admissions involving surgery (Table 10.18).
Table 10.18: Patient days and average length of stay for separations involving surgery, by urgency of admission, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient days</td>
<td>Average length of stay</td>
<td>Patient days</td>
</tr>
<tr>
<td><strong>Same-day</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>22,400</td>
<td>1.0</td>
<td>4,807</td>
</tr>
<tr>
<td>Elective admissions</td>
<td>354,163</td>
<td>1.0</td>
<td>796,638</td>
</tr>
<tr>
<td>All same-day surgery</td>
<td>376,563</td>
<td>1.0</td>
<td>801,445</td>
</tr>
<tr>
<td><strong>Overnight</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>1,851,659</td>
<td>7.9</td>
<td>278,451</td>
</tr>
<tr>
<td>Elective admissions</td>
<td>1,237,497</td>
<td>3.8</td>
<td>1,780,860</td>
</tr>
<tr>
<td>All overnight surgery</td>
<td>3,089,156</td>
<td>4.8</td>
<td>2,059,311</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>1,874,059</td>
<td>7.3</td>
<td>283,258</td>
</tr>
<tr>
<td>Elective admissions</td>
<td>1,591,660</td>
<td>2.4</td>
<td>2,577,498</td>
</tr>
<tr>
<td>All surgery</td>
<td>3,465,719</td>
<td>3.4</td>
<td>2,860,756</td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

**Who paid for the care?**

About 77% of emergency admissions involving surgery in public hospitals were for **Public patients** and about 14% were funded by **Private health insurance** (Table 10.19). For private hospitals, almost 85% of emergency admissions involving surgery were funded by **Private health insurance** and about 8% were funded by the **Department of Veterans’ Affairs**.

About 88% of elective admissions involving surgery in public hospitals were for **Public patients** and less than 7% of separations were funded by **Private health insurance**. In private hospitals about 80% of elective admissions involving surgery were funded by **Private health insurance** and 12% were **Self-funded**.

**How was the care completed?**

The **mode of separation** records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 95% of separations involving surgery had a mode of separation of **Other**, suggesting that most patients go home after their episode of care (Table 10.20). This was particularly the case in private hospitals, where 96% of separations reported a mode of separation of **Other**, compared with 93% in public hospitals.
Table 10.19: Separations involving surgery, by principal source of funds and urgency of admission, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency admissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients(a)</td>
<td>196,948</td>
<td>82</td>
<td>197,030</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>36,193</td>
<td>32,663</td>
<td>68,856</td>
</tr>
<tr>
<td>Self-funded</td>
<td>3,872</td>
<td>915</td>
<td>4,787</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>6,836</td>
<td>1,506</td>
<td>8,342</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>5,380</td>
<td>114</td>
<td>5,494</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>4,647</td>
<td>3,168</td>
<td>7,815</td>
</tr>
<tr>
<td>Other(b)</td>
<td>2,928</td>
<td>186</td>
<td>3,114</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>256,804</td>
<td>38,634</td>
<td>295,438</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elective admissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients(a)</td>
<td>593,879</td>
<td>6,766</td>
<td>600,645</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>46,270</td>
<td>1,064,278</td>
<td>1,110,548</td>
</tr>
<tr>
<td>Self-funded</td>
<td>25,586</td>
<td>156,799</td>
<td>182,385</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>2,744</td>
<td>41,617</td>
<td>44,361</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>1,626</td>
<td>3,918</td>
<td>5,544</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>3,778</td>
<td>49,762</td>
<td>53,540</td>
</tr>
<tr>
<td>Other(b)</td>
<td>2,265</td>
<td>16,282</td>
<td>18,547</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>676,148</td>
<td>1,339,422</td>
<td>2,015,570</td>
</tr>
</tbody>
</table>

(a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a Public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some public patient services were funded through the Medicare Benefits Scheme.

(b) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Table 10.20: Separations involving surgery, by mode of separation, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Mode of separation</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge/transfer to an (other) acute hospital</td>
<td>32,914</td>
<td>24,828</td>
<td>57,742</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service(a)</td>
<td>3,929</td>
<td>1,036</td>
<td>4,965</td>
</tr>
<tr>
<td>Discharge/transfer to an (other) psychiatric hospital</td>
<td>124</td>
<td>23</td>
<td>147</td>
</tr>
<tr>
<td>Discharge/transfer to other health care accommodation(b)</td>
<td>1,793</td>
<td>21,423</td>
<td>23,216</td>
</tr>
<tr>
<td>Statistical discharge: type change</td>
<td>15,370</td>
<td>10,470</td>
<td>25,840</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>3,963</td>
<td>411</td>
<td>4,374</td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td>203</td>
<td>41</td>
<td>244</td>
</tr>
<tr>
<td>Died</td>
<td>5,526</td>
<td>1,331</td>
<td>6,857</td>
</tr>
<tr>
<td>Other(c)</td>
<td>869,119</td>
<td>1,318,481</td>
<td>2,187,600</td>
</tr>
<tr>
<td>Not reported</td>
<td>11</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>932,952</td>
<td>1,378,056</td>
<td>2,311,008</td>
</tr>
</tbody>
</table>

(a) Unless this is the usual place of residence.

(b) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(c) Includes Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
Waiting times for elective surgery

This section includes information on waiting times for elective surgery in public hospitals. It uses public hospital information sourced from the NESWTDC and the linked data sourced from the NHMD.

The waiting times data in this section are for patients who completed their wait and were admitted for their surgery on either an emergency or an elective basis. The data are generally used as the main summary measure of elective surgery waiting times.

However, some patients are removed from waiting lists for other reasons including: that the patient was transferred to another hospital’s waiting list, had been treated elsewhere, was not contactable, had died, or had declined surgery. Information on time spent on waiting lists for those reasons for removal was reported in Australian hospital statistics 2011–12: elective surgery waiting times (AIHW 2012d).

How has activity changed over time?

Between 2007–08 and 2011–12, the number of admissions for elective surgery from waiting lists increased by an annual average of 3.7% (Tables 10.21). However, there was also a rise in the coverage of the NESWTDC over that period, from 90% to 97%, which should be taken into account in interpreting the change.

Over the same period, the proportion of admissions for hospitals in the Principal referral and specialist women’s and children’s peer group was relatively stable at about 71% of admissions from elective surgery waiting lists. Between 2010–11 and 2011–12, there was a 26% increase in the number of hospitals reporting to the NESWTDC, mainly due to the inclusion of waiting times data for hospitals not previously reported (see Appendix A). The estimated proportion of elective surgery reported by Medium hospitals to the NESWTDC increased from 63% in 2007–08 to 79% in 2011–12.

States and territories

Between 2010-11 and 2011–12, South Australia and Western Australia had the highest proportional increase in elective surgery admissions (40% and 26% respectively), due to the increase in numbers of reporting hospitals (Table 10.22). Over the same period, Victoria, Tasmania and the Australian Capital Territory all had a decrease in the number of admissions for elective surgery. For 2011–12, Queensland was not able to report elective surgery waiting list data for 3 hospitals that reported about 10,000 admissions in 2010–11.

How did waiting times for care change over time?

Overall, the median waiting times for elective surgery increased from 34 days in 2007–08 to 36 days in 2011–12 (Table 10.23).

Over the same period, the number of days waited at the 90th percentile increased from 234 to 251. In contrast, the proportion of patients who waited greater than 365 days to be admitted decreased from 3.0% in 2007–08 to 2.7% in 2011–12.

Between 2007–08 and 2011–12, New South Wales, Victoria, Queensland and Tasmania had an increase in the days waited at the 50th percentile. Over the same period, most states and territories had a decrease in the proportion of patients who waited greater than 365 days for their surgery.
Table 10.21: Waiting list statistics for admissions\(^{(a)}\) from waiting lists for elective surgery, by public hospital peer group, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principal referral and specialist women’s and children’s hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hospitals(^{(b)})</td>
<td>83</td>
<td>84</td>
<td>85</td>
<td>89</td>
<td>87</td>
<td>1.2</td>
<td>−2.2</td>
</tr>
<tr>
<td>Estimated proportion of peer group elective surgery (%)(^{(c)})</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Number of admissions</td>
<td>406,307</td>
<td>437,133</td>
<td>448,247</td>
<td>464,218</td>
<td>465,049</td>
<td>3.4</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Large hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hospitals(^{(b)})</td>
<td>35</td>
<td>33</td>
<td>36</td>
<td>31</td>
<td>34</td>
<td>−0.7</td>
<td>9.7</td>
</tr>
<tr>
<td>Estimated proportion of peer group elective surgery (%)(^{(c)})</td>
<td>85</td>
<td>89</td>
<td>87</td>
<td>87</td>
<td>93</td>
<td>2.2</td>
<td>7.0</td>
</tr>
<tr>
<td>Number of admissions</td>
<td>96,938</td>
<td>92,179</td>
<td>98,458</td>
<td>94,395</td>
<td>101,499</td>
<td>1.2</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Medium hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hospitals(^{(b)})(^{(d)})</td>
<td>51</td>
<td>51</td>
<td>47</td>
<td>46</td>
<td>59</td>
<td>3.7</td>
<td>28.3</td>
</tr>
<tr>
<td>Estimated proportion of peer group elective surgery (%)(^{(c)})(^{(d)})</td>
<td>63</td>
<td>63</td>
<td>61</td>
<td>64</td>
<td>79</td>
<td>5.7</td>
<td>22.7</td>
</tr>
<tr>
<td>Number of admissions(^{(d)})</td>
<td>59,212</td>
<td>62,960</td>
<td>57,090</td>
<td>60,720</td>
<td>76,453</td>
<td>6.6</td>
<td>25.9</td>
</tr>
<tr>
<td><strong>Total(^{(d)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hospitals(^{(b)})(^{(d)})</td>
<td>192</td>
<td>193</td>
<td>193</td>
<td>193</td>
<td>243</td>
<td>6.1</td>
<td>25.9</td>
</tr>
<tr>
<td>Estimated proportion (%)(^{(c)})(^{(d)})</td>
<td>90</td>
<td>91</td>
<td>91</td>
<td>92</td>
<td>97</td>
<td>1.8</td>
<td>4.4</td>
</tr>
<tr>
<td>Number of admissions(^{(d)})</td>
<td>570,907</td>
<td>601,037</td>
<td>612,439</td>
<td>627,184</td>
<td>661,271</td>
<td>3.7</td>
<td>5.4</td>
</tr>
<tr>
<td>Admissions per 1,000 population(^{(d)})(^{(e)})</td>
<td>27.4</td>
<td>28.6</td>
<td>28.6</td>
<td>28.8</td>
<td>30.0</td>
<td>2.3</td>
<td>4.1</td>
</tr>
</tbody>
</table>

(a) Records with a reason for removal of Admitted as an elective patient for the awaited procedure in this hospital or another hospital or Admitted as an emergency patient for the awaited procedure in this hospital or another hospital.

(b) Number of hospitals included in the National Elective Surgery Waiting Times Data Collection. Caution should be used in interpreting the numbers of hospitals by peer group over time as a hospital may be categorised to different peer groups in different years, based on changes in admitted patient activity.

(c) The number of separations with an urgency of admission reported as Elective and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with an urgency of admission reported as Elective and a surgical procedure for all public hospitals.

(d) In 2011–12, a large number of hospitals in Western Australia and South Australia commenced reporting to the elective surgery waiting list collection, which accounted for most of the large increases in admissions, hospitals, estimated proportion and admissions per 1,000 population for 2011–12 compared with 2010–11.

(e) Includes hospitals not included in the specified hospital peer groups.

(f) Crude rate based on the Australian estimated resident population as at 31 December for that year.

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Source: National Elective Surgery Waiting Times Data Collection.
Table 10.22: Waiting list statistics for admissions\(^{(a)}\) from waiting lists for elective surgery, public hospitals, states and territories, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New South Wales(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of hospitals</td>
<td>97</td>
<td>97</td>
<td>96</td>
<td>96</td>
<td>96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>200,949</td>
<td>200,775</td>
<td>199,912</td>
<td>206,266</td>
<td>211,452</td>
<td>1.3</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Estimated proportion</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
<td>29.3</td>
<td>29.2</td>
<td>28.7</td>
<td>29.2</td>
<td>29.6</td>
<td>0.3</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td><strong>Victoria(^{(d)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hospitals</td>
<td>31</td>
<td>31</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>131,211</td>
<td>148,516</td>
<td>156,598</td>
<td>157,572</td>
<td>154,079</td>
<td>4.1</td>
<td>–2.2</td>
<td></td>
</tr>
<tr>
<td>Estimated proportion</td>
<td>71</td>
<td>76</td>
<td>78</td>
<td>78</td>
<td>77</td>
<td>2.1</td>
<td>–0.9</td>
<td></td>
</tr>
<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
<td>25.4</td>
<td>28.5</td>
<td>29.6</td>
<td>29.2</td>
<td>28.2</td>
<td>2.7</td>
<td>–3.5</td>
<td></td>
</tr>
<tr>
<td><strong>Queensland(^{(e)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of hospitals</td>
<td>31</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>110,219</td>
<td>112,876</td>
<td>116,863</td>
<td>117,277</td>
<td>114,328</td>
<td>0.9</td>
<td>–2.5</td>
<td></td>
</tr>
<tr>
<td>Estimated proportion</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>99</td>
<td>95</td>
<td>–1.3</td>
<td>–3.9</td>
<td></td>
</tr>
<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
<td>26.6</td>
<td>27.0</td>
<td>27.4</td>
<td>26.9</td>
<td>25.8</td>
<td>–0.7</td>
<td>–3.8</td>
<td></td>
</tr>
<tr>
<td><strong>Western Australia(^{(f)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hospitals</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>57,389</td>
<td>60,701</td>
<td>61,634</td>
<td>65,142</td>
<td>81,809</td>
<td>n.p.</td>
<td>n.p.</td>
<td></td>
</tr>
<tr>
<td>Estimated proportion</td>
<td>90</td>
<td>82</td>
<td>87</td>
<td>94</td>
<td>100</td>
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<td></td>
</tr>
<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
<td>27.5</td>
<td>28.7</td>
<td>28.3</td>
<td>29.0</td>
<td>35.6</td>
<td>n.p.</td>
<td>n.p.</td>
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<tr>
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<td>8</td>
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<td>8</td>
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</tr>
<tr>
<td>Number of admissions</td>
<td>41,328</td>
<td>44,454</td>
<td>44,557</td>
<td>46,433</td>
<td>65,186</td>
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<tr>
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<td>28.1</td>
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<tr>
<td><strong>Tasmania</strong></td>
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<td>Number of hospitals</td>
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<td>4</td>
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<tr>
<td>Number of admissions</td>
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<td>17,090</td>
<td>16,756</td>
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<td>15,802</td>
<td>3.0</td>
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<td>100</td>
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<td>0.0</td>
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<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
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<td>34.6</td>
<td>33.6</td>
<td>33.0</td>
<td>31.1</td>
<td>2.1</td>
<td>–5.7</td>
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<td></td>
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<tr>
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<tr>
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<td>100</td>
<td>100</td>
<td>100</td>
<td>0.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
<td>28.5</td>
<td>29.7</td>
<td>28.3</td>
<td>32.2</td>
<td>31.5</td>
<td>2.5</td>
<td>–2.2</td>
<td></td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
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<td>5</td>
<td>5</td>
<td>5</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>6,126</td>
<td>6,465</td>
<td>6,289</td>
<td>6,481</td>
<td>7,253</td>
<td>4.3</td>
<td>11.9</td>
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<tr>
<td>Estimated proportion</td>
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<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>Admissions per 1,000 population(^{(c)})</td>
<td>28.9</td>
<td>30.1</td>
<td>28.5</td>
<td>28.6</td>
<td>31.5</td>
<td>2.2</td>
<td>10.2</td>
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</tr>
</tbody>
</table>

\(^{(a)}\) Records with a reason for removal of Admitted as an elective patient for the awaited procedure in this hospital or another hospital or Admitted as an emergency patient for the awaited procedure in this hospital or another hospital.

\(^{(b)}\) From 2009–10, the data for Albury Base Hospital have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. For 2010–11 and 2011–12, the data for Albury Base Hospital were not available.

\(^{(c)}\) Crude rate based on the estimated resident population as at 31 December for that year.

\(^{(d)}\) For 2011–12, Queensland was not able to report elective surgery waiting list data for 3 hospitals that reported about 10,000 admissions in 2010–11.

\(^{(e)}\) In 2011–12, a large number of hospitals in Western Australia and South Australia commenced reporting to the elective surgery waiting list collection, which accounts for the large increases in admissions, hospitals, estimated proportion and admissions per 1,000 population for 2011–12 compared with 2010–11.

\(^{(f)}\) See boxes 10.1 and 10.2 for notes on definitions and data limitations.
Table 10.23: Waiting time statistics for admissions\(^{(a)}\) from waiting lists for elective surgery, public hospitals, states and territories, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New South Wales(^{(b)})</strong></td>
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<tr>
<td>Days waited at 50th percentile</td>
<td>38</td>
<td>39</td>
<td>44</td>
<td>47</td>
<td>49</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>277</td>
<td>282</td>
<td>329</td>
<td>332</td>
<td>335</td>
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<tr>
<td>Proportion waited greater than 365 days</td>
<td>1.8</td>
<td>2.5</td>
<td>4.9</td>
<td>3.6</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Victoria(^{(b)})</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>32</td>
<td>31</td>
<td>35</td>
<td>36</td>
<td>36</td>
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<tr>
<td>Days waited at 90th percentile</td>
<td>220</td>
<td>193</td>
<td>196</td>
<td>181</td>
<td>189</td>
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<tr>
<td>Proportion waited greater than 365 days</td>
<td>3.6</td>
<td>2.9</td>
<td>2.8</td>
<td>2.5</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>26</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>134</td>
<td>131</td>
<td>147</td>
<td>146</td>
<td>147</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>2.3</td>
<td>1.8</td>
<td>2.4</td>
<td>1.3</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Western Australia</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>30</td>
<td>31</td>
<td>32</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>205</td>
<td>174</td>
<td>160</td>
<td>159</td>
<td>159</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>3.0</td>
<td>2.0</td>
<td>1.5</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>South Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>42</td>
<td>36</td>
<td>36</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>208</td>
<td>206</td>
<td>188</td>
<td>207</td>
<td>191</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>3.8</td>
<td>2.6</td>
<td>1.1</td>
<td>2.0</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Tasmania</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>36</td>
<td>44</td>
<td>36</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>369</td>
<td>448</td>
<td>332</td>
<td>359</td>
<td>348</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>10.1</td>
<td>13.1</td>
<td>8.7</td>
<td>9.6</td>
<td>9.4</td>
</tr>
<tr>
<td><strong>Australian Capital Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>72</td>
<td>74</td>
<td>73</td>
<td>76</td>
<td>63</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>372</td>
<td>376</td>
<td>356</td>
<td>377</td>
<td>296</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>10.3</td>
<td>10.5</td>
<td>9.5</td>
<td>10.8</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>42</td>
<td>40</td>
<td>44</td>
<td>33</td>
<td>39</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>337</td>
<td>254</td>
<td>269</td>
<td>223</td>
<td>219</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>8.6</td>
<td>5.5</td>
<td>5.8</td>
<td>3.9</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days waited at 50th percentile</td>
<td>34</td>
<td>33</td>
<td>35</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Days waited at 90th percentile</td>
<td>234</td>
<td>219</td>
<td>245</td>
<td>250</td>
<td>251</td>
</tr>
<tr>
<td>Proportion waited greater than 365 days</td>
<td>3.0</td>
<td>2.9</td>
<td>3.4</td>
<td>2.8</td>
<td>2.7</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Records with a reason for removal of Admitted as an elective patient for the awaited procedure in this hospital or another hospital or Admitted as an emergency patient for the awaited procedure in this hospital or another hospital.

\(^{(b)}\) From 2009–10, the data for Albury Base Hospital have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. For 2010–11 and 2011–12, the data for Albury Base Hospital were not available.

*Note*: See boxes 10.1 and 10.2 for notes on definitions and data limitations.
How much activity was there in 2011–12?

In 2011–12, there were almost 701,000 additions to elective surgery waiting lists and 721,000 removals from public hospital elective surgery waiting lists. Removals included patients who were admitted for the procedure they were waiting for, and those who were removed for other reasons. For more information, see Table 3.9 in Australian hospital statistics: elective surgery waiting times 2011–12 (AIHW 2012d).

How long did people wait for care?

This section presents information on waiting times using public hospital information sourced from the NESWTDC and the linked data sourced from the NHMD. The waiting times data presented here are for patients who completed their wait and were admitted to their surgery as either an elective or emergency admission.

Chapter 3 of Australian hospital statistics: elective surgery waiting times 2011–12 (AIHW 2012d) presents information on:

- the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery
- the proportion of patients who waited greater than 365 days
- the number of patients admitted by public hospital peer group.

Information is presented by state and territory, by public hospital peer group, by the specialty of the surgeon who performed the elective surgery and by indicator procedure.

How did waiting times differ for Indigenous and other Australians?

In 2011–12, there were about 18,500 admissions from public hospital waiting lists for elective surgery for patients identified as Aboriginal and/or Torres Strait Islander.

Overall, the median waiting time for Indigenous Australians was greater than the median waiting time for other Australians (41 days and 36 days respectively, Table S10.1 accompanying this report online at <www.aihw.gov.au/hospitals/>).

Indicator procedures

Indigenous Australians had higher median waiting times for 9 of the 11 indicator procedures for which there were at least 100 separations for Indigenous Australians. The greatest difference in median waiting times was for Total knee replacement (262 days for Indigenous Australians and 187 days for other Australians). Hysterectomy, Tonsillectomy, Cholecystectomy, Myringotomy, Coronary artery bypass graft and Cystoscopy had the smallest differences in median waiting times by Indigenous status (Figure 10.5).

For more information, see Table S10.1 accompanying this report online at <www.aihw.gov.au/hospitals/>.
How did waiting times vary by remoteness area?

Overall, about 63% of admissions from waiting lists for elective surgery were for patients living in Major cities, 22% were for patients in Inner regional areas and 11% were for patients in Outer regional areas (Table S10.2, accompanying this report online).

Indicator procedures

The median waiting time varied somewhat by remoteness, ranging from 29 days for people living in Remote areas to 37 days for people living in Inner regional areas (Table 10.24).

There was some variation in the median waiting time for remoteness areas by indicator procedure. For indicator procedures with at least 50 admissions in Remote and Very remote areas, Cataract extraction had the greatest variation in waiting times by remoteness area. People from Inner regional areas had the highest median waiting time of 165 days, and people from Remote areas had the lowest (63 days) (Table 10.24). Coronary artery bypass graft had the least variation by remoteness area, ranging from 13 days for people from Inner regional areas to 23 days for people from Very remote areas.

For more information, see Table S10.2 accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table 10.24: Median waiting time (days) to admission for elective surgery by selected indicator procedure and remoteness area of usual residence, public hospitals, 2011–12

<table>
<thead>
<tr>
<th>Indicator procedure</th>
<th>Major Cities</th>
<th>Inner Regional</th>
<th>Outer Regional</th>
<th>Remote</th>
<th>Very Remote</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract extraction</td>
<td>76</td>
<td>165</td>
<td>119</td>
<td>63</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>52</td>
<td>52</td>
<td>51</td>
<td>29</td>
<td>46</td>
<td>51</td>
</tr>
<tr>
<td>Coronary artery bypass graft</td>
<td>15</td>
<td>13</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>24</td>
<td>26</td>
<td>29</td>
<td>30</td>
<td>36</td>
<td>25</td>
</tr>
<tr>
<td>Haemorrhoidectomy</td>
<td>63</td>
<td>55</td>
<td>49</td>
<td>30</td>
<td>52</td>
<td>57</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>55</td>
<td>51</td>
<td>45</td>
<td>39</td>
<td>43</td>
<td>52</td>
</tr>
<tr>
<td>Inguinal herniorrhaphy</td>
<td>59</td>
<td>56</td>
<td>49</td>
<td>32</td>
<td>39</td>
<td>56</td>
</tr>
<tr>
<td>Myringoplasty</td>
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<td>108</td>
<td>125</td>
<td>83</td>
<td>82</td>
<td>104</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>48</td>
<td>49</td>
<td>55</td>
<td>25</td>
<td>55</td>
<td>49</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>41</td>
<td>42</td>
<td>56</td>
<td>34</td>
<td>47</td>
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<td>Septoplasty</td>
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<td>159</td>
<td>135</td>
<td>118</td>
<td>42</td>
<td>153</td>
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<td>Tonsillectomy</td>
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<td>94</td>
<td>95</td>
<td>77</td>
<td>69</td>
<td>92</td>
</tr>
<tr>
<td>Total hip replacement</td>
<td>111</td>
<td>139</td>
<td>141</td>
<td>113</td>
<td>125</td>
<td>121</td>
</tr>
<tr>
<td>Total knee replacement</td>
<td>167</td>
<td>242</td>
<td>202</td>
<td>175</td>
<td>142</td>
<td>188</td>
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<td>Varicose veins stripping and ligation</td>
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<td>107</td>
<td>96</td>
<td>76</td>
<td>59</td>
<td>100</td>
</tr>
<tr>
<td>Not applicable/not stated</td>
<td>28</td>
<td>28</td>
<td>28</td>
<td>25</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>37</strong></td>
<td><strong>36</strong></td>
<td><strong>29</strong></td>
<td><strong>35</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

How did waiting vary by socioeconomic status?

Overall, about 26% of admissions from waiting lists were for people living in areas classified as being in the lowest SES group, decreasing to about 11% for people living in areas classified as being in the highest SES group (Table S10.3, accompanying this report online).

Median waiting times varied by socioeconomic status, ranging from 31 days for people living in areas classified as the highest SES group to 41 days for the second lowest SES group (Table 10.25).

Indicator procedures

*Total knee replacement* was the indicator procedure with the greatest variation in waiting times by socioeconomic status, ranging from 229 days for people living in areas classified as being in the second lowest SES group to 150 days for people in the highest SES group. *Cystoscopy* had the least variation by socioeconomic status group (Table 10.25).

For more information, see Table S10.3 accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table 10.25: Median waiting times (days) for elective surgery by indicator procedures and socioeconomic status of area of usual residence, public hospitals, 2011–12

<table>
<thead>
<tr>
<th>Indicator procedure</th>
<th>1–Lowest</th>
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<th>3</th>
<th>4</th>
<th>5–Highest</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Cataract extraction</td>
<td>111</td>
<td>122</td>
<td>68</td>
<td>71</td>
<td>76</td>
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<td>Cholecystectomy</td>
<td>56</td>
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<td>51</td>
<td>49</td>
<td>41</td>
<td>51</td>
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<tr>
<td>Coronary artery bypass graft</td>
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<td>13</td>
<td>18</td>
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<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>27</td>
<td>24</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Haemorrhoidectomy</td>
<td>57</td>
<td>55</td>
<td>57</td>
<td>62</td>
<td>57</td>
<td>57</td>
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<tr>
<td>Hysterectomy</td>
<td>53</td>
<td>58</td>
<td>49</td>
<td>50</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>Inguinal herniorrhaphy</td>
<td>58</td>
<td>62</td>
<td>54</td>
<td>54</td>
<td>49</td>
<td>56</td>
</tr>
<tr>
<td>Myringoplasty</td>
<td>111</td>
<td>113</td>
<td>88</td>
<td>94</td>
<td>98</td>
<td>104</td>
</tr>
<tr>
<td>Myringotomy</td>
<td>47</td>
<td>50</td>
<td>47</td>
<td>51</td>
<td>41</td>
<td>49</td>
</tr>
<tr>
<td>Prostutectomy</td>
<td>49</td>
<td>48</td>
<td>39</td>
<td>36</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td>Septoplasty</td>
<td>191</td>
<td>188</td>
<td>122</td>
<td>124</td>
<td>123</td>
<td>153</td>
</tr>
<tr>
<td>Tonsillectomy</td>
<td>92</td>
<td>101</td>
<td>90</td>
<td>89</td>
<td>77</td>
<td>92</td>
</tr>
<tr>
<td>Total hip replacement</td>
<td>144</td>
<td>128</td>
<td>114</td>
<td>101</td>
<td>108</td>
<td>121</td>
</tr>
<tr>
<td>Total knee replacement</td>
<td>210</td>
<td>229</td>
<td>160</td>
<td>156</td>
<td>150</td>
<td>188</td>
</tr>
<tr>
<td>Varicose veins stripping and ligation</td>
<td>103</td>
<td>104</td>
<td>98</td>
<td>97</td>
<td>101</td>
<td>100</td>
</tr>
<tr>
<td>Not applicable/not stated</td>
<td>29</td>
<td>30</td>
<td>28</td>
<td>28</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td><strong>39</strong></td>
<td><strong>41</strong></td>
<td><strong>34</strong></td>
<td><strong>34</strong></td>
<td><strong>31</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

How did waiting times vary by diagnosis?

The diagnosis information available in the linked data from the NHMD can be used to compare the waiting times for patients for whom elective surgery is more urgent with the waiting times for other patients. In this way, the waiting times for patients awaiting surgery for cancer can be compared with the waiting times for patients awaiting the same surgery for other conditions.

Figure 10.6 shows that there were shorter overall waiting times for admissions with a principal diagnosis of a cancer (median of 19 days) compared with other admissions (43 days), and for most surgical specialties. Cancer principal diagnoses were defined by the ICD-10-AM diagnosis codes C00–C99, D00–D09, D45, D46, D47.1 and D47.3.

The largest variation in median waiting times by surgical specialty was for *Ear, nose and throat surgery* for which patients with a cancer-related principal diagnosis had a median waiting time of 12 days, compared with 72 days for other diagnoses and 65 days overall. The surgical specialties that had the least variation in median waiting times for separations with a cancer-related principal diagnosis compared with other diagnoses were *Plastic surgery* (23 days for cancer, compared with 27 days) and *Urology* (24 days for cancer, compared with 28 days).
Median waiting times varied according to the type of cancer. The selected ‘cancer types’ presented in Table 10.26 were defined as separations with a principal diagnosis of:

- Bladder cancer (C67, D09.0)
- Bowel cancer (C18–20, D01.0–D01.2)
- Breast cancer (C50, D05)
- Gynaecological cancer (C51–58, D069, D07.0–D07.3)
- Kidney cancer (C64)
- Lung cancer (C33–34, D02.1–D02.2)
- Melanoma (C43, D03)
- Prostate cancer (C61, D07.5).

In 2011–12, patients admitted with a principal diagnosis for lung cancer had a median waiting time of 11 days and 90% of patients had been admitted for surgery within 32 days (Table 10.26). Patients with a principal diagnosis of prostate cancer had a median waiting time of 29 days and 90% of patients had been admitted for surgery within 92 days.
Table 10.26: Waiting time statistics for admissions from waiting lists for elective surgery, for selected principal diagnoses for cancer, 2011–12

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Separations</th>
<th>Days waited at 50th percentile</th>
<th>Days waited at 90th percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder cancer</td>
<td>7,136</td>
<td>21</td>
<td>75</td>
</tr>
<tr>
<td>Bowel cancer</td>
<td>4,998</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>9,380</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>Gynaecological cancer</td>
<td>7,360</td>
<td>22</td>
<td>75</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>1,263</td>
<td>24</td>
<td>74</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>1,130</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>Melanoma</td>
<td>4,040</td>
<td>14</td>
<td>35</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>6,740</td>
<td>29</td>
<td>92</td>
</tr>
<tr>
<td>All other principal diagnoses</td>
<td>601,041</td>
<td>40</td>
<td>260</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>643,088</strong></td>
<td><strong>36</strong></td>
<td><strong>247</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 10.1 and 10.2 for notes on definitions and data limitations.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Additional information

Further detailed information by Indigenous status, remoteness area and socioeconomic status of area of residence is in tables S10.1 to S10.3 accompanying this report online at <www.aihw.gov.au/hospitals/>.

11  Sub- and non-acute admitted patient care

This chapter presents an overview of sub- and non-acute admitted patient care provided by public and private hospitals in Australia, based on over 420,000 separations sourced from the National Hospital Morbidity Database (NHMD).

What data are reported?

Subacute admitted patient care includes the following categories:

- **Rehabilitation care** — care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.

- **Palliative care** — care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family.

- **Geriatric evaluation and management** — care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient.

- **Psychogeriatric care** — care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.

Non-acute care is:

- **Maintenance care** — care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. The patient may require care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, for example at home, or in a residential aged care service, by a relative or carer, that is unavailable in the short term.
Box 11.1: What are the limitations of the data?
As these data are sourced from the NHMD, the data limitations presented in Chapter 7 and Appendix A should be taken into consideration when interpreting the data. Some sub- and non-acute activity may occur during an acute episode of admitted patient care, or may be delivered as a non-admitted patient service. Therefore, the information presented in this chapter is likely to underestimate this activity. There is some apparent variation among jurisdictions in the use of statistical discharges and associated assignment of care types which may affect the comparability of the data. See boxes 7.1, 7.2 and 7.3 for notes on definitions, data limitations and methods.

Box 11.2: What methods were used?
In this chapter, separations are reported for the care types: Rehabilitation, Palliative care, Geriatric evaluation and management, Psychogeriatric care or Maintenance care. In some tables in this chapter, the category Other sub- and non-acute care has been used. It includes the care types: Geriatric evaluation and management, Psychogeriatric care and Maintenance care. For details of other methods used in this chapter, see Chapter 7 and Appendix B.

How has activity changed over time?

National
Between 2007–08 and 2011–12, the number of separations for sub- and non-acute care increased from about 265,000 to about 424,000, an average increase of 12.4% per year (Table 11.1). Over this period, the average rate of increase was higher in private hospitals (16.8%) than in public hospitals (7.6%). Geriatric evaluation and management in public hospitals doubled, increasing by an average of 19.7% per year between 2007–08 and 2011–12 and Rehabilitation care in private hospitals increasing by an average of 18.3% per year.

States and territories
Between 2007–08 and 2011–12, the average rate of increase for sub- and non-acute separations in private hospitals varied among jurisdictions. It was highest for South Australia (34.4% on average per year) and New South Wales (19.9%) (Table 11.2). Over the same period, the average rate of increase for sub- and non-acute care in public hospitals was highest in Queensland (11.4%). For the Northern Territory, the number of sub- and non-acute separations in public hospitals decreased by 10.6% between 2007–08 and 2011–12.
### Table 11.1: Sub- and non-acute separations by care type, public and private hospitals, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th>Care Type</th>
<th>2007–08</th>
<th>2008–09</th>
<th>2009–10</th>
<th>2010–11</th>
<th>2011–12</th>
<th>Change (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Average since 2007–08</td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>75,446</td>
<td>77,875</td>
<td>82,675</td>
<td>86,426</td>
<td>95,562</td>
<td>6.1</td>
</tr>
<tr>
<td>Palliative care</td>
<td>21,598</td>
<td>24,262</td>
<td>26,633</td>
<td>28,255</td>
<td>31,260</td>
<td>9.7</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>14,813</td>
<td>18,307</td>
<td>21,310</td>
<td>26,484</td>
<td>30,451</td>
<td>19.7</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>4,494</td>
<td>2,393</td>
<td>2,336</td>
<td>2,445</td>
<td>2,382</td>
<td>–14.7</td>
</tr>
<tr>
<td>Maintenance care</td>
<td>19,211</td>
<td>19,763</td>
<td>19,624</td>
<td>20,889</td>
<td>22,271</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Total public hospitals</strong></td>
<td>135,562</td>
<td>142,600</td>
<td>152,578</td>
<td>164,499</td>
<td>181,926</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>115,659</td>
<td>137,946</td>
<td>168,972</td>
<td>200,808</td>
<td>226,887</td>
<td>18.3</td>
</tr>
<tr>
<td>Palliative care</td>
<td>5,766</td>
<td>5,281</td>
<td>5,016</td>
<td>5,507</td>
<td>5,877</td>
<td>0.5</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>87</td>
<td>113</td>
<td>88</td>
<td>77</td>
<td>124</td>
<td>9.3</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>6,857</td>
<td>6,579</td>
<td>8,102</td>
<td>6,336</td>
<td>6,204</td>
<td>–2.5</td>
</tr>
<tr>
<td>Maintenance care</td>
<td>1,699</td>
<td>2,004</td>
<td>2,283</td>
<td>2,665</td>
<td>2,698</td>
<td>12.3</td>
</tr>
<tr>
<td><strong>Total private hospitals</strong></td>
<td>130,068</td>
<td>151,923</td>
<td>184,461</td>
<td>215,393</td>
<td>241,790</td>
<td>16.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>265,630</td>
<td>294,523</td>
<td>337,039</td>
<td>379,892</td>
<td>423,716</td>
<td><strong>12.4</strong></td>
</tr>
</tbody>
</table>

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
### Table 11.2: Sub- and non-acute separations, public and private hospitals, states and territories, 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>New South Wales</strong></td>
<td></td>
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</tr>
<tr>
<td>Public hospitals</td>
<td>43,105</td>
<td>45,153</td>
<td>50,960</td>
<td>56,102</td>
<td>59,740</td>
<td>8.5</td>
<td>6.4</td>
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<td>Private hospitals</td>
<td>68,585</td>
<td>82,567</td>
<td>100,130</td>
<td>123,045</td>
<td>141,708</td>
<td>19.9</td>
<td>15.2</td>
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<tr>
<td>Total</td>
<td>111,690</td>
<td>127,720</td>
<td>151,090</td>
<td>179,147</td>
<td>201,448</td>
<td>15.9</td>
<td>12.4</td>
</tr>
<tr>
<td><strong>Victoria</strong></td>
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</tr>
<tr>
<td>Public hospitals</td>
<td>32,431</td>
<td>32,651</td>
<td>35,065</td>
<td>37,349</td>
<td>39,661</td>
<td>5.2</td>
<td>6.2</td>
</tr>
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<td>Private hospitals</td>
<td>21,069</td>
<td>20,538</td>
<td>24,022</td>
<td>23,447</td>
<td>25,329</td>
<td>4.7</td>
<td>8.0</td>
</tr>
<tr>
<td>Total</td>
<td>53,500</td>
<td>53,189</td>
<td>59,087</td>
<td>60,796</td>
<td>64,990</td>
<td>5.0</td>
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<td><strong>Queensland</strong></td>
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<td>Public hospitals</td>
<td>27,604</td>
<td>30,439</td>
<td>32,104</td>
<td>34,615</td>
<td>42,444</td>
<td>11.4</td>
<td>22.6</td>
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<tr>
<td>Private hospitals</td>
<td>28,743</td>
<td>28,805</td>
<td>33,487</td>
<td>34,990</td>
<td>38,514</td>
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<td>10.1</td>
</tr>
<tr>
<td>Total</td>
<td>56,347</td>
<td>59,244</td>
<td>65,591</td>
<td>69,605</td>
<td>80,958</td>
<td>9.5</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Western Australia</strong></td>
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<td></td>
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</tr>
<tr>
<td>Public hospitals</td>
<td>13,372</td>
<td>13,487</td>
<td>12,601</td>
<td>13,648</td>
<td>16,664</td>
<td>5.7</td>
<td>22.1</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>3,579</td>
<td>4,043</td>
<td>4,867</td>
<td>5,678</td>
<td>6,146</td>
<td>14.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Total</td>
<td>16,951</td>
<td>17,530</td>
<td>17,468</td>
<td>19,326</td>
<td>22,810</td>
<td>7.7</td>
<td>18.0</td>
</tr>
<tr>
<td><strong>South Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>11,073</td>
<td>11,614</td>
<td>12,518</td>
<td>14,134</td>
<td>15,586</td>
<td>8.9</td>
<td>10.3</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>6,755</td>
<td>12,763</td>
<td>18,052</td>
<td>22,510</td>
<td>22,056</td>
<td>34.4</td>
<td>–2.0</td>
</tr>
<tr>
<td>Total</td>
<td>17,828</td>
<td>24,377</td>
<td>30,570</td>
<td>36,644</td>
<td>37,642</td>
<td>20.5</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Tasmania</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>2,051</td>
<td>2,145</td>
<td>2,230</td>
<td>1,910</td>
<td>2,148</td>
<td>1.2</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>Australian Capital Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>4,665</td>
<td>5,956</td>
<td>5,749</td>
<td>5,645</td>
<td>4,877</td>
<td>1.1</td>
<td>–13.6</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>1,261</td>
<td>1,155</td>
<td>1,351</td>
<td>1,096</td>
<td>806</td>
<td>–10.6</td>
<td>–26.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td>135,562</td>
<td>142,600</td>
<td>152,578</td>
<td>164,499</td>
<td>181,926</td>
<td>7.6</td>
<td>10.6</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>130,068</td>
<td>151,923</td>
<td>184,461</td>
<td>215,393</td>
<td>241,790</td>
<td>16.8</td>
<td>12.3</td>
</tr>
<tr>
<td>Total</td>
<td>265,630</td>
<td>294,523</td>
<td>337,039</td>
<td>379,892</td>
<td>423,716</td>
<td>12.4</td>
<td>11.5</td>
</tr>
</tbody>
</table>

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
How much activity was there in 2011–12?

Overall, 4.6% of separations in 2011–12 were for sub- and non-acute separations (Table 11.3). The proportion of separations that were for sub- and non-acute care varied among states and territories, ranging from 2.2% of all separations in Western Australia to 7.4% in New South Wales.

Table 11.3: Sub- and non-acute separations by care type, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>31,964</td>
<td>14,954</td>
<td>24,068</td>
<td>11,511</td>
<td>9,205</td>
<td>2,603</td>
<td>347</td>
<td>95,562</td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td>12,371</td>
<td>7,191</td>
<td>7,333</td>
<td>1,456</td>
<td>1,492</td>
<td>476</td>
<td>648</td>
<td>293</td>
<td>31,260</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>5,907</td>
<td>16,963</td>
<td>3,712</td>
<td>1,554</td>
<td>1,597</td>
<td>324</td>
<td>374</td>
<td>20</td>
<td>30,451</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>827</td>
<td>0</td>
<td>472</td>
<td>732</td>
<td>255</td>
<td>54</td>
<td>42</td>
<td>0</td>
<td>2,382</td>
</tr>
<tr>
<td>Maintenance care</td>
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<td>553</td>
<td>6,859</td>
<td>1,411</td>
<td>3,037</td>
<td>146</td>
<td>62</td>
<td>20</td>
<td>22,271</td>
</tr>
<tr>
<td>Public hospital total</td>
<td>59,740</td>
<td>39,661</td>
<td>42,444</td>
<td>16,664</td>
<td>15,586</td>
<td>2,148</td>
<td>4,877</td>
<td>806</td>
<td>181,926</td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>141,131</td>
<td>19,260</td>
<td>34,179</td>
<td>2,831</td>
<td>21,711</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>226,887</td>
</tr>
<tr>
<td>Palliative care</td>
<td>464</td>
<td>689</td>
<td>2,005</td>
<td>2,327</td>
<td>249</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5,877</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>61</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>124</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>0</td>
<td>5,330</td>
<td>0</td>
<td>873</td>
<td>0</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>6,204</td>
</tr>
<tr>
<td>Total separations</td>
<td>201,448</td>
<td>64,990</td>
<td>80,958</td>
<td>22,810</td>
<td>37,642</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>423,716</td>
</tr>
</tbody>
</table>

Proportion of all separations

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.4</td>
<td>2.6</td>
<td>4.4</td>
<td>2.2</td>
<td>5.4</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Overall in 2011–12, there were 17.0 sub- and non-acute separations per 1,000 population. There was large variation among states and territories, ranging from 9.7 per 1,000 in Western Australia to 24.1 per 1,000 for New South Wales (Table 11.4).

In Table 11.4, the data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. However, separations for private hospitals for all jurisdictions are included in the Australian total.

The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices which lead to variation, in particular, in the number of same-day admissions.

In 2011–12 overall, there were 8.8 overnight sub- and non-acute separations per 1,000 population, with some variation between states and territories, ranging from 6.9 per 1,000 for South Australia to 9.5 per 1,000 for Victoria.

There was notable variation between states and territories in the rates for same-day separations for sub- and non-acute care, ranging from 0.4 per 1,000 for Western Australia to 15.6 per 1,000 for New South Wales.
Table 11.4: Sub- and non-acute separations per 1,000 population by same-day/overnight status, states and territories, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Care type</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(a)</th>
<th>ACT(a)</th>
<th>NT(a)</th>
<th>Total(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same-day separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>15.3</td>
<td>&lt;0.1</td>
<td>7.9</td>
<td>0.2</td>
<td>11.4</td>
<td>&lt;0.1</td>
<td>2.2</td>
<td>0.6</td>
<td>7.9</td>
</tr>
<tr>
<td>Palliative care</td>
<td>0.2</td>
<td>&lt;0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>&lt;0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>0.0</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>&lt;0.1</td>
<td>0.7</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>0.0</td>
<td>&lt;0.1</td>
<td>0.0</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Maintenance care</td>
<td>&lt;0.1</td>
<td>0.0</td>
<td>0.3</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Same-day total</strong></td>
<td>15.6</td>
<td>0.7</td>
<td>8.3</td>
<td>0.4</td>
<td>11.5</td>
<td>0.1</td>
<td>2.3</td>
<td>0.7</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Overnight separations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5.5</td>
<td>5.4</td>
<td>4.7</td>
<td>5.9</td>
<td>4.0</td>
<td>1.4</td>
<td>5.6</td>
<td>1.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Palliative care</td>
<td>1.3</td>
<td>1.2</td>
<td>1.9</td>
<td>1.4</td>
<td>0.8</td>
<td>0.7</td>
<td>1.9</td>
<td>2.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>0.6</td>
<td>2.6</td>
<td>0.8</td>
<td>0.7</td>
<td>0.7</td>
<td>0.5</td>
<td>1.1</td>
<td>0.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.7</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Maintenance care</td>
<td>1.0</td>
<td>0.1</td>
<td>1.7</td>
<td>0.6</td>
<td>1.3</td>
<td>0.6</td>
<td>3.6</td>
<td>1.3</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Overnight total</strong></td>
<td>8.5</td>
<td>9.5</td>
<td>9.1</td>
<td>9.3</td>
<td>6.9</td>
<td>3.2</td>
<td>12.4</td>
<td>5.1</td>
<td>8.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24.1</td>
<td>10.2</td>
<td>17.5</td>
<td>9.7</td>
<td>18.4</td>
<td>3.3</td>
<td>14.7</td>
<td>5.8</td>
<td>17.0</td>
</tr>
</tbody>
</table>

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.
(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.

*Note:* See boxes 11.1 and 11.2 for notes on data limitations and methods.

**Overnight separations for sub- and non-acute care**

There was a large difference in the overall separation rates of overnight sub- and non-acute care between public and private hospitals (6.1 per 1,000 population and 2.7 per 1,000, respectively) (Table 11.5).

The separation rate for overnight sub- and non-acute for Indigenous Australians was about 22% higher than the rate for other Australians (11.0 per 1,000 and 9.0 per 1,000, respectively).

There were also variations by remoteness of area of residence, with persons residing in *Outer regional* areas having the lowest rate of overnight sub- and non-acute separations and persons residing in *Major cities* having the highest rate.

Nationally, there was very little variation in the rates of overnight sub- and non-acute care by socioeconomic status of area of residence.
Table 11.5: Separations per 1,000 population for overnight sub- and non-acute care by hospital sector, Indigenous status, remoteness area and socioeconomic status of area of residence, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Hospital sector</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(a)</th>
<th>ACT(a)</th>
<th>NT(a)</th>
<th>Total(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>5.8</td>
<td>6.2</td>
<td>6.5</td>
<td>6.8</td>
<td>4.8</td>
<td>3.2</td>
<td>12.4</td>
<td>5.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Private</td>
<td>2.7</td>
<td>3.3</td>
<td>2.6</td>
<td>2.4</td>
<td>2.2</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>2.7</td>
</tr>
<tr>
<td>Indigenous status(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td>9.2</td>
<td>13.5</td>
<td>12.3</td>
<td>16.4</td>
<td>9.6</td>
<td>4.4</td>
<td>19.1</td>
<td>6.9</td>
<td>11.0</td>
</tr>
<tr>
<td>Other Australians</td>
<td>8.8</td>
<td>9.8</td>
<td>9.0</td>
<td>9.2</td>
<td>7.3</td>
<td>3.3</td>
<td>12.3</td>
<td>3.6</td>
<td>9.0</td>
</tr>
<tr>
<td>Remoteness of residence(d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major cities</td>
<td>8.8</td>
<td>9.9</td>
<td>9.8</td>
<td>9.5</td>
<td>7.5</td>
<td>..</td>
<td>10.3</td>
<td>..</td>
<td>9.2</td>
</tr>
<tr>
<td>Inner regional</td>
<td>7.8</td>
<td>9.0</td>
<td>8.7</td>
<td>7.5</td>
<td>4.6</td>
<td>3.7</td>
<td>n.p.</td>
<td>..</td>
<td>8.0</td>
</tr>
<tr>
<td>Outer regional</td>
<td>7.8</td>
<td>7.6</td>
<td>7.8</td>
<td>9.1</td>
<td>5.9</td>
<td>2.3</td>
<td>..</td>
<td>5.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Remote</td>
<td>9.3</td>
<td>7.2</td>
<td>8.1</td>
<td>10.0</td>
<td>5.6</td>
<td>2.6</td>
<td>..</td>
<td>3.4</td>
<td>7.6</td>
</tr>
<tr>
<td>Very remote</td>
<td>11.0</td>
<td>..</td>
<td>10.1</td>
<td>10.2</td>
<td>5.0</td>
<td>2.2</td>
<td>..</td>
<td>6.6</td>
<td>9.1</td>
</tr>
<tr>
<td>Socioeconomic status of area of residence(e)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1—Lowest</td>
<td>8.0</td>
<td>9.6</td>
<td>9.9</td>
<td>11.3</td>
<td>7.5</td>
<td>3.0</td>
<td>n.p.</td>
<td>5.3</td>
<td>8.5</td>
</tr>
<tr>
<td>2</td>
<td>7.6</td>
<td>8.7</td>
<td>9.6</td>
<td>11.0</td>
<td>6.8</td>
<td>3.9</td>
<td>n.p.</td>
<td>4.8</td>
<td>8.4</td>
</tr>
<tr>
<td>3</td>
<td>9.6</td>
<td>9.9</td>
<td>8.7</td>
<td>8.3</td>
<td>6.3</td>
<td>3.4</td>
<td>21.8</td>
<td>5.3</td>
<td>9.0</td>
</tr>
<tr>
<td>4</td>
<td>8.1</td>
<td>9.4</td>
<td>9.2</td>
<td>9.4</td>
<td>6.8</td>
<td>3.7</td>
<td>13.9</td>
<td>5.3</td>
<td>8.8</td>
</tr>
<tr>
<td>5—Highest</td>
<td>9.6</td>
<td>10.0</td>
<td>8.0</td>
<td>8.5</td>
<td>6.6</td>
<td>..</td>
<td>9.0</td>
<td>3.1</td>
<td>9.3</td>
</tr>
<tr>
<td>Total</td>
<td>8.5</td>
<td>9.5</td>
<td>9.1</td>
<td>9.3</td>
<td>6.9</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>8.8</td>
</tr>
</tbody>
</table>

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.
(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.
(c) Other Australians includes records for which the Indigenous status was not reported. The populations used for calculating age standardised separations rates by Indigenous status use different age groups compared with the populations used to calculate all other rates presented in this table. Therefore, the separation rates by Indigenous status are not directly comparable with the rates by hospital sector, remoteness of residence or socioeconomic status.
(d) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.
(e) Disaggregation by socioeconomic group is based on the patient’s usual residence, not the location of the hospital. The socioeconomic status of the area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Who used these services?

Sex and age group

Females accounted for more than half (57%) of sub- and non-acute separations (Figure 11.1) and there were more separations for females than for males in the age groups 30 and over. Persons aged 65 and over accounted for more than 70% of all sub- and non-acute separations.
Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. The quality of the data provided for Indigenous status in 2011–12 for admitted patient care varied by jurisdiction. See Chapter 7 and Appendix B for more information on the quality of Indigenous data in the NHMD.

In 2011–12, there were almost 3,800 sub- and non-acute separations for which the Indigenous status was reported as *Aboriginal and/or Torres Strait Islander*, accounting for less than 1% of all sub- and non-acute separations (Table 11.6). This compares with about 4% for all separations. The proportion of separations for sub- and non-acute care that were for Indigenous Australians varied among the states and territories.

In 2011–12, there were 13 sub- and non-acute separations per 1,000 population for Indigenous Australians, about 78% of the rate for other Australians (17 per 1,000). Indigenous Australians had lower separation rates for *Rehabilitation* care than other Australians (7 per 1,000 and 13 per 1,000, respectively). Indigenous Australians had higher separation rates for *Palliative* care than other Australians.
<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas(a)</th>
<th>ACT(a)</th>
<th>NT(a)</th>
<th>Total(b)</th>
<th>Separations per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indigenous Australians</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>539</td>
<td>134</td>
<td>763</td>
<td>376</td>
<td>179</td>
<td>23</td>
<td>28</td>
<td>139</td>
<td>2,187</td>
<td>7.3</td>
</tr>
<tr>
<td>Palliative care</td>
<td>184</td>
<td>37</td>
<td>173</td>
<td>102</td>
<td>15</td>
<td>8</td>
<td>3</td>
<td>48</td>
<td>571</td>
<td>2.4</td>
</tr>
<tr>
<td>Other sub- and non-acute care</td>
<td>200</td>
<td>48</td>
<td>394</td>
<td>194</td>
<td>35</td>
<td>4</td>
<td>27</td>
<td>107</td>
<td>1,009</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Total Indigenous Australians</strong></td>
<td>923</td>
<td>219</td>
<td>1,330</td>
<td>672</td>
<td>229</td>
<td>35</td>
<td>58</td>
<td>294</td>
<td>3,767</td>
<td>13.4</td>
</tr>
<tr>
<td>Proportion of all hospital separations</td>
<td>1.3</td>
<td>1.1</td>
<td>1.5</td>
<td>0.9</td>
<td>1.0</td>
<td>1.1</td>
<td>2.6</td>
<td>0.4</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td><strong>Other Australians(c)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>172,556</td>
<td>34,080</td>
<td>57,484</td>
<td>13,966</td>
<td>30,737</td>
<td>887</td>
<td>2,575</td>
<td>208</td>
<td>320,262</td>
<td>13.2</td>
</tr>
<tr>
<td>Palliative care</td>
<td>12,651</td>
<td>7,843</td>
<td>9,165</td>
<td>3,681</td>
<td>1,726</td>
<td>468</td>
<td>645</td>
<td>245</td>
<td>36,566</td>
<td>1.5</td>
</tr>
<tr>
<td>Other sub- and non-acute care</td>
<td>15,318</td>
<td>22,848</td>
<td>12,979</td>
<td>4,491</td>
<td>4,950</td>
<td>758</td>
<td>1,599</td>
<td>59</td>
<td>63,121</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total other Australians</strong></td>
<td>200,525</td>
<td>64,771</td>
<td>79,628</td>
<td>22,138</td>
<td>37,413</td>
<td>2,113</td>
<td>4,819</td>
<td>512</td>
<td>419,949</td>
<td>17.3</td>
</tr>
<tr>
<td>Proportion of all hospital separations</td>
<td>7.5</td>
<td>2.7</td>
<td>4.4</td>
<td>2.3</td>
<td>5.6</td>
<td>2.2</td>
<td>5.1</td>
<td>1.5</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>201,448</td>
<td>64,990</td>
<td>80,958</td>
<td>22,810</td>
<td>37,642</td>
<td>2,148</td>
<td>4,877</td>
<td>806</td>
<td>423,716</td>
<td>17.3</td>
</tr>
</tbody>
</table>

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.
(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.
(c) Other Australians includes separations for which Indigenous status was not reported.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

**Remoteness area**

There was marked variation in separation rates for sub- and non-acute admitted patient care by remoteness area of usual residence. Overall, people usually resident in Major cities had much higher rates for Rehabilitation care than other areas (16 separations per 1,000 population, compared with 13 per 1,000 nationwide) (Table 11.7). The separation rate ratios (SRR) indicate notable differences in the separation rates for Rehabilitation care across remoteness areas for both public and private hospitals.

For public hospitals, the rate of Rehabilitation care varied from 2.8 per 1,000 population for people residing in Outer regional areas to 4.2 per 1,000 for people residing in Major cities (Table 11.7). There were more marked variations for private hospitals, with the rate of Rehabilitation care ranging from 1.6 per 1,000 in Remote areas to 12.0 per 1,000 in Major cities.
<table>
<thead>
<tr>
<th>Remoteness area</th>
<th>Major cities</th>
<th>Inner regional</th>
<th>Outer regional</th>
<th>Remote</th>
<th>Very remote</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>69,613</td>
<td>17,605</td>
<td>6,534</td>
<td>893</td>
<td>416</td>
<td>95,562</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>4.2</td>
<td>3.3</td>
<td>2.8</td>
<td>3.1</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.09</td>
<td>0.85</td>
<td>0.73</td>
<td>0.80</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>19,915</td>
<td>7,029</td>
<td>3,714</td>
<td>372</td>
<td>167</td>
<td>31,260</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>1.2</td>
<td>1.3</td>
<td>1.5</td>
<td>1.3</td>
<td>1.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>0.96</td>
<td>1.01</td>
<td>1.23</td>
<td>1.05</td>
<td>1.05</td>
<td>1.25</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>22,950</td>
<td>5,803</td>
<td>1,514</td>
<td>85</td>
<td>35</td>
<td>30,451</td>
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<tr>
<td>Separations per 1,000 population</td>
<td>1.3</td>
<td>1.0</td>
<td>0.6</td>
<td>0.3</td>
<td>0.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.12</td>
<td>0.86</td>
<td>0.55</td>
<td>0.28</td>
<td>0.38</td>
<td></td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>1,903</td>
<td>370</td>
<td>79</td>
<td>19</td>
<td>4</td>
<td>2,382</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>0.1</td>
<td>0.1</td>
<td>&lt;0.1</td>
<td>0.1</td>
<td>n.p.</td>
<td>0.1</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.21</td>
<td>0.68</td>
<td>0.34</td>
<td>0.80</td>
<td>n.p.</td>
<td></td>
</tr>
<tr>
<td>Maintenance care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>12,694</td>
<td>5,289</td>
<td>3,192</td>
<td>602</td>
<td>377</td>
<td>22,271</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>0.7</td>
<td>0.9</td>
<td>1.4</td>
<td>2.4</td>
<td>3.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>0.84</td>
<td>1.09</td>
<td>1.57</td>
<td>2.73</td>
<td>4.43</td>
<td></td>
</tr>
<tr>
<td><strong>Total public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>127,075</td>
<td>36,096</td>
<td>15,033</td>
<td>1,971</td>
<td>999</td>
<td>181,926</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>7.6</td>
<td>6.6</td>
<td>6.4</td>
<td>7.2</td>
<td>9.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.04</td>
<td>0.91</td>
<td>0.88</td>
<td>0.99</td>
<td>1.27</td>
<td></td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>196,572</td>
<td>25,470</td>
<td>4,064</td>
<td>411</td>
<td>184</td>
<td>226,887</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>12.0</td>
<td>4.7</td>
<td>1.8</td>
<td>1.6</td>
<td>2.0</td>
<td>9.2</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.30</td>
<td>0.51</td>
<td>0.20</td>
<td>0.18</td>
<td>0.22</td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>4,026</td>
<td>1,469</td>
<td>347</td>
<td>24</td>
<td>5</td>
<td>5,877</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>n.p.</td>
<td>0.2</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.02</td>
<td>1.14</td>
<td>0.64</td>
<td>0.38</td>
<td>n.p.</td>
<td></td>
</tr>
<tr>
<td>Other sub- and non-acute care(b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>7,535</td>
<td>1,275</td>
<td>190</td>
<td>19</td>
<td>4</td>
<td>9,026</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>0.5</td>
<td>0.3</td>
<td>0.1</td>
<td>0.1</td>
<td>n.p.</td>
<td>0.4</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.25</td>
<td>0.74</td>
<td>0.32</td>
<td>0.20</td>
<td>n.p.</td>
<td></td>
</tr>
<tr>
<td><strong>Total private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>208,133</td>
<td>28,214</td>
<td>4,601</td>
<td>454</td>
<td>193</td>
<td>241,790</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>12.7</td>
<td>5.3</td>
<td>2.1</td>
<td>1.8</td>
<td>2.1</td>
<td>9.8</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.29</td>
<td>0.54</td>
<td>0.21</td>
<td>0.18</td>
<td>0.22</td>
<td></td>
</tr>
</tbody>
</table>

(a) The total includes separations for which the remoteness area was not able to be categorised.

(b) Separations with a care type of Geriatric evaluation and management, Psychogeriatric care and Maintenance care.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
Socioeconomic status

The separation rates varied from 26 per 1,000 population for patients living in areas classified as being the highest SES group to 13 per 1,000 for the lowest SES group (Table 11.8). The SRRs indicate notable differences in the separation rates across SES groups for some care types.

Table 11.8: Sub- and non-acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2011–12

<table>
<thead>
<tr>
<th>Socioeconomic status of area of residence</th>
<th>1–Lowest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5–Highest</th>
<th>Total(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehabilitation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>43,203</td>
<td>57,962</td>
<td>53,225</td>
<td>60,228</td>
<td>107,137</td>
<td>322,449</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>8.5</td>
<td>10.8</td>
<td>11.2</td>
<td>13.3</td>
<td>22.0</td>
<td>13.0</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>0.65</td>
<td>0.83</td>
<td>0.86</td>
<td>1.02</td>
<td>1.69</td>
<td></td>
</tr>
<tr>
<td><strong>Palliative care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>9,232</td>
<td>7,147</td>
<td>7,872</td>
<td>6,425</td>
<td>6,392</td>
<td>37,137</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>1.8</td>
<td>1.3</td>
<td>1.6</td>
<td>1.4</td>
<td>1.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.20</td>
<td>0.88</td>
<td>1.10</td>
<td>0.95</td>
<td>0.87</td>
<td></td>
</tr>
<tr>
<td><strong>Geriatric evaluation and management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>6,448</td>
<td>6,390</td>
<td>6,715</td>
<td>5,336</td>
<td>5,621</td>
<td>30,575</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>1.2</td>
<td>1.1</td>
<td>1.4</td>
<td>1.2</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.02</td>
<td>0.94</td>
<td>1.15</td>
<td>0.98</td>
<td>0.90</td>
<td></td>
</tr>
<tr>
<td><strong>Psychogeriatric care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>848</td>
<td>872</td>
<td>1,035</td>
<td>2,327</td>
<td>3,494</td>
<td>8,586</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.5</td>
<td>0.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>0.46</td>
<td>0.45</td>
<td>0.63</td>
<td>1.53</td>
<td>2.11</td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>6,635</td>
<td>6,122</td>
<td>4,465</td>
<td>4,222</td>
<td>3,404</td>
<td>24,969</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>1.3</td>
<td>1.1</td>
<td>0.9</td>
<td>0.9</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>1.29</td>
<td>1.12</td>
<td>0.93</td>
<td>0.93</td>
<td>0.67</td>
<td></td>
</tr>
<tr>
<td><strong>Total sub- and non-acute care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>66,366</td>
<td>78,493</td>
<td>73,312</td>
<td>78,538</td>
<td>126,048</td>
<td>423,716</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>13.0</td>
<td>14.5</td>
<td>15.3</td>
<td>17.3</td>
<td>25.8</td>
<td>17.0</td>
</tr>
<tr>
<td>Separation rate ratio</td>
<td>0.76</td>
<td>0.85</td>
<td>0.90</td>
<td>1.01</td>
<td>1.51</td>
<td></td>
</tr>
</tbody>
</table>

(a) The total includes separations for which the socioeconomic status group was not able to be categorised.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
How did people access these services?

The **mode of admission** records the mechanism by which an admitted patient begins an episode of care.

Over half of all sub- and non-acute separations had a mode of admission of *Other*, the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 11.9). *Statistical admission: care type change* was the most common admission mode for sub- and non-acute separations in public hospitals, accounting for 45% of sub- and non-acute separations. This indicates that the clinical intent of the patient’s care had changed (for example, from *Acute* care to *Rehabilitation* care) within the one hospital. Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals.

**Table 11.9: Sub- and non-acute separations, by mode of admission, public and private hospitals, 2011–12**

<table>
<thead>
<tr>
<th>Mode of Admission</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient transferred from another hospital</td>
<td>51,954</td>
<td>42,212</td>
<td>94,166</td>
</tr>
<tr>
<td>Statistical admission: care type change</td>
<td>82,214</td>
<td>16,473</td>
<td>98,687</td>
</tr>
<tr>
<td>Other</td>
<td>47,645</td>
<td>180,107</td>
<td>227,752</td>
</tr>
<tr>
<td>Not reported</td>
<td>113</td>
<td>2,998</td>
<td>3,111</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>181,926</strong></td>
<td><strong>241,790</strong></td>
<td><strong>423,716</strong></td>
</tr>
</tbody>
</table>

*Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.*

Why did people receive the care?

The reason that a patient received admitted patient care can usually be described in terms of the principal diagnosis. In some cases, patients may have extended stays in hospital while waiting for admission to another health care facility, such as a residential aged care service.

**Principal diagnosis**

Overall, four out of five sub- and non-acute separations had a principal diagnosis from the ICD-10-AM chapter *Factors influencing health status and contact with health services*. A principal diagnosis within this chapter was reported for 95% of sub- and non-acute separations in private hospitals and 66% in public hospitals (Table 11.10).

*Care involving use of rehabilitation procedures* accounted for 76% of principal diagnoses reported for sub- and non-acute separations (at the 3-character level). This diagnosis is required to be reported as the principal diagnosis for *Rehabilitation* care and lies within the chapter *Factors influencing health status and contact with health services*.

The second most common principal diagnosis chapter reported for sub- and non-acute separations was *Neoplasms*, which includes both benign and malignant tumours, and was particularly associated with separations for *Palliative* care.

For *Palliative* care, neoplasm-related principal diagnoses accounted for 66% of principal diagnoses for *Palliative* care separations. The 5 most common neoplasm-related principal diagnoses are presented in Table 11.11, as are the top 5 non-neoplasm related principal diagnoses for *Palliative* care, which included heart failure and respiratory disorders.
### Table 11.10: Sub- and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99 Certain infectious and parasitic diseases</td>
<td>1,245</td>
<td>58</td>
<td>1,303</td>
</tr>
<tr>
<td>C00–D48 Neoplasms</td>
<td>21,276</td>
<td>4,662</td>
<td>25,938</td>
</tr>
<tr>
<td>D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>483</td>
<td>41</td>
<td>524</td>
</tr>
<tr>
<td>E00–E89 Endocrine, nutritional and metabolic diseases</td>
<td>1,055</td>
<td>61</td>
<td>1,116</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>5,261</td>
<td>5,630</td>
<td>10,891</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>3,033</td>
<td>762</td>
<td>3,795</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>6,510</td>
<td>617</td>
<td>7,127</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>5,006</td>
<td>483</td>
<td>5,489</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>2,503</td>
<td>185</td>
<td>2,688</td>
</tr>
<tr>
<td>L00–L99 Diseases of the skin and subcutaneous tissue</td>
<td>724</td>
<td>40</td>
<td>764</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>2,282</td>
<td>149</td>
<td>2,431</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>2,178</td>
<td>121</td>
<td>2,299</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>3,145</td>
<td>262</td>
<td>3,407</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>6,445</td>
<td>158</td>
<td>6,603</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>120,408</td>
<td>228,514</td>
<td>348,922</td>
</tr>
<tr>
<td>Other ICD-10-AM chapters</td>
<td>187</td>
<td>14</td>
<td>201</td>
</tr>
<tr>
<td>Not reported</td>
<td>185</td>
<td>33</td>
<td>218</td>
</tr>
<tr>
<td><strong>Total sub- and non-acute separations</strong></td>
<td><strong>181,926</strong></td>
<td><strong>241,790</strong></td>
<td><strong>423,716</strong></td>
</tr>
</tbody>
</table>

*Note: See boxes 11.1 and 11.2 for notes on data limitations and methods. Additional information for states and territories is in tables 11.24 and 11.25 at the end of this chapter.*

### Table 11.11: Separations for the 5 most common neoplasm-related and the 5 most common other principal diagnoses in 3-character ICD-10-AM groupings for Palliative care separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplasm-related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C34 Malignant neoplasm of bronchus and lung</td>
<td>3,439</td>
<td>599</td>
<td>4,038</td>
</tr>
<tr>
<td>C79 Secondary malignant neoplasm of other and unspecified sites</td>
<td>2,502</td>
<td>716</td>
<td>3,218</td>
</tr>
<tr>
<td>C78 Secondary malignant neoplasm of respiratory and digestive organs</td>
<td>1,709</td>
<td>561</td>
<td>2,270</td>
</tr>
<tr>
<td>C25 Malignant neoplasm of pancreas</td>
<td>1,099</td>
<td>254</td>
<td>1,353</td>
</tr>
<tr>
<td>C61 Malignant neoplasm of prostate</td>
<td>991</td>
<td>221</td>
<td>1,212</td>
</tr>
<tr>
<td>Other neoplasm-related principal diagnosis</td>
<td>10,318</td>
<td>2,148</td>
<td>12,466</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I50 Heart failure</td>
<td>768</td>
<td>126</td>
<td>894</td>
</tr>
<tr>
<td>J44 Other chronic obstructive pulmonary disease</td>
<td>684</td>
<td>78</td>
<td>762</td>
</tr>
<tr>
<td>J18 Pneumonia, organism unspecified</td>
<td>578</td>
<td>47</td>
<td>625</td>
</tr>
<tr>
<td>J69 Pneumonitis due to solids and liquids</td>
<td>493</td>
<td>39</td>
<td>532</td>
</tr>
<tr>
<td>I63 Cerebral infarction</td>
<td>457</td>
<td>25</td>
<td>482</td>
</tr>
<tr>
<td>Other (excludes neoplasm-related principal diagnoses)</td>
<td>8,222</td>
<td>1,063</td>
<td>9,285</td>
</tr>
<tr>
<td><strong>Total Palliative care separations</strong></td>
<td><strong>31,260</strong></td>
<td><strong>5,877</strong></td>
<td><strong>37,137</strong></td>
</tr>
</tbody>
</table>

*Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.*
For **Geriatric evaluation and management**, the 5 most common principal diagnoses made up 26% of all separations within this care type. They included *Care involving use of rehabilitation procedures*, fracture of the femur (hip) and heart failure (Table 11.12).

For **Psychogeriatric care**, the 5 most common principal diagnoses made up 65% of all separations within this care type. The 5 most common principal diagnoses were from the ICD-10-AM chapter *Mental and behavioural disorders* (Table 11.12).

For **Maintenance care**, the 5 most common principal diagnoses made up almost 89% of all separations within this care type, with *Problems related to medical facilities and other health care* reported as the principal diagnosis for 73% of **Maintenance care** separations (Table 11.12).

### Table 11.12: Separations for the 5 most common principal diagnoses in 3-character ICD-10-AM groupings for other sub- and non-acute care separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geriatric evaluation and management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z50 Care involving use of rehabilitation procedures</td>
<td>3,286</td>
<td>0</td>
<td>3,286</td>
</tr>
<tr>
<td>S72 Fracture of femur</td>
<td>1,551</td>
<td>1</td>
<td>1,552</td>
</tr>
<tr>
<td>I50 Heart failure</td>
<td>1,071</td>
<td>4</td>
<td>1,075</td>
</tr>
<tr>
<td>Z75 Problems related to medical facilities and other health care</td>
<td>987</td>
<td>16</td>
<td>1,003</td>
</tr>
<tr>
<td>F05 Delirium, not induced by alcohol and other psychoactive substances</td>
<td>985</td>
<td>8</td>
<td>993</td>
</tr>
<tr>
<td>Other</td>
<td>22,571</td>
<td>95</td>
<td>22,666</td>
</tr>
<tr>
<td><strong>Total Geriatric evaluation and management separations</strong></td>
<td>30,451</td>
<td>124</td>
<td>30,575</td>
</tr>
<tr>
<td><strong>Psychogeriatric care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F33 Recurrent depressive disorder</td>
<td>238</td>
<td>1,852</td>
<td>2,090</td>
</tr>
<tr>
<td>F32 Depressive episode</td>
<td>457</td>
<td>752</td>
<td>1,209</td>
</tr>
<tr>
<td>F31 Bipolar affective disorder</td>
<td>308</td>
<td>571</td>
<td>879</td>
</tr>
<tr>
<td>F41 Other anxiety disorders</td>
<td>210</td>
<td>509</td>
<td>719</td>
</tr>
<tr>
<td>F10 Mental and behavioural disorders due to use of alcohol</td>
<td>42</td>
<td>638</td>
<td>680</td>
</tr>
<tr>
<td>Other</td>
<td>1,127</td>
<td>1,882</td>
<td>3,009</td>
</tr>
<tr>
<td><strong>Total Psychogeriatric care separations</strong></td>
<td>2,382</td>
<td>6,204</td>
<td>8,586</td>
</tr>
<tr>
<td><strong>Maintenance care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z75 Problems related to medical facilities and other health care</td>
<td>17,219</td>
<td>1,045</td>
<td>18,264</td>
</tr>
<tr>
<td>Z54 Convalescence</td>
<td>963</td>
<td>561</td>
<td>1,524</td>
</tr>
<tr>
<td>Z74 Problems related to care-provider dependency</td>
<td>1,308</td>
<td>6</td>
<td>1,314</td>
</tr>
<tr>
<td>F33 Recurrent depressive disorder</td>
<td>1</td>
<td>847</td>
<td>848</td>
</tr>
<tr>
<td>F20 Schizophrenia</td>
<td>211</td>
<td>0</td>
<td>211</td>
</tr>
<tr>
<td>Other</td>
<td>2,569</td>
<td>239</td>
<td>2,808</td>
</tr>
<tr>
<td><strong>Total Maintenance care separations</strong></td>
<td>22,271</td>
<td>2,698</td>
<td>24,969</td>
</tr>
</tbody>
</table>

*Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.*
**Additional diagnoses**

For **Rehabilitation** care, the principal diagnosis is required to be reported as **Care involving use of rehabilitation procedures**, and the first additional diagnosis is usually the reason for that care.

The 10 most common first additional diagnoses reported for **Rehabilitation** care separations included 7 musculoskeletal conditions or injuries (Table 11.13). Over half of rehabilitation separations in private hospitals and almost one-third of rehabilitation separations in public hospitals reported these 10 first additional diagnoses.

Table 11.13: Separations for the 10 most common first additional diagnoses in 3-character ICD-10-AM groupings for Rehabilitation care separations, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>First additional diagnosis</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>M17 Gonarthrosis [arthrosis of knee]</td>
<td>3,843</td>
<td>53,027</td>
<td>56,870</td>
</tr>
<tr>
<td>M16 Coxarthrosis [arthrosis of hip]</td>
<td>2,006</td>
<td>22,726</td>
<td>24,732</td>
</tr>
<tr>
<td>S72 Fracture of femur</td>
<td>8,436</td>
<td>8,684</td>
<td>17,120</td>
</tr>
<tr>
<td>I63 Cerebral infarction</td>
<td>6,299</td>
<td>4,188</td>
<td>10,487</td>
</tr>
<tr>
<td>M54 Dorsalgia</td>
<td>1,377</td>
<td>9,060</td>
<td>10,437</td>
</tr>
<tr>
<td>Z96 Presence of other functional implants</td>
<td>1,561</td>
<td>7,343</td>
<td>8,904</td>
</tr>
<tr>
<td>M25 Other joint disorders, not elsewhere classified</td>
<td>702</td>
<td>5,796</td>
<td>6,498</td>
</tr>
<tr>
<td>M48 Other spondylopathies</td>
<td>739</td>
<td>5,203</td>
<td>5,942</td>
</tr>
<tr>
<td>S32 Fracture of lumbar spine and pelvis</td>
<td>2,381</td>
<td>3,514</td>
<td>5,895</td>
</tr>
<tr>
<td>T84 Complications of internal orthopaedic prosthetic devices, implants and grafts</td>
<td>864</td>
<td>4,920</td>
<td>5,784</td>
</tr>
<tr>
<td>Other</td>
<td>67,354</td>
<td>102,426</td>
<td>169,780</td>
</tr>
<tr>
<td><strong>Total Rehabilitation separations</strong></td>
<td>95,562</td>
<td>226,887</td>
<td>322,449</td>
</tr>
</tbody>
</table>

*Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.*

**Performance indicator: number of hospital patient days used by those eligible and waiting for residential aged care**

This indicator is related to the NHA outcome area of **Older Australians receive appropriate high quality and affordable health and aged services**. The indicator is specified under the National Healthcare Agreement as a ‘proxy’ measure as it requires data development to ensure that the analysis is better suited to the intent of the indicator.

This indicator is intended to report the number of hospital patient days taken up by Australians waiting for a residential aged care place. However, the current data collected do not identify whether an aged care assessment has been made and there may also be variations in the use of the care type *Maintenance* between jurisdictions.

Table 11.14 presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and a diagnosis of **Person awaiting admission to residential aged care service**. There were large variations in the rates between states and territories, which may in part reflect variation in the use of the care type *Maintenance*. There was also variation in the rates according to remoteness area of the patient and socioeconomic status, with the highest rates of patient days reported for persons residing in *Remote* areas, and those in the two lowest socioeconomic status groups.
Table 11.14: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care(a), 2011–12

<table>
<thead>
<tr>
<th>Indigenous status(b)</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>3.0</td>
<td>0.5</td>
<td>7.9</td>
<td>2.6</td>
<td>1.9</td>
<td>&lt;0.1</td>
<td>13.4</td>
<td>7.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Other Australians</td>
<td>7.6</td>
<td>1.9</td>
<td>22.7</td>
<td>9.4</td>
<td>33.2</td>
<td>10.9</td>
<td>10.2</td>
<td>8.8</td>
<td>11.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remoteness of residence(c)</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>5.4</td>
<td>&lt;0.1</td>
<td>16.3</td>
<td>4.8</td>
<td>24.4</td>
<td>. .</td>
<td>12.1</td>
<td>. .</td>
<td>7.5</td>
</tr>
<tr>
<td>Inner regional</td>
<td>11.3</td>
<td>5.1</td>
<td>18.5</td>
<td>10.7</td>
<td>14.0</td>
<td>12.4</td>
<td>1.3</td>
<td>. .</td>
<td>11.3</td>
</tr>
<tr>
<td>Outer regional</td>
<td>21.2</td>
<td>13.2</td>
<td>48.8</td>
<td>25.2</td>
<td>36.3</td>
<td>6.4</td>
<td>. .</td>
<td>8.5</td>
<td>28.8</td>
</tr>
<tr>
<td>Remote</td>
<td>0.8</td>
<td>8.5</td>
<td>29.9</td>
<td>42.7</td>
<td>142.7</td>
<td>30.6</td>
<td>. .</td>
<td>11.1</td>
<td>48.8</td>
</tr>
<tr>
<td>Very remote</td>
<td>&lt;0.1</td>
<td>. .</td>
<td>34.2</td>
<td>2.0</td>
<td>119.6</td>
<td>&lt;0.1</td>
<td>. .</td>
<td>6.2</td>
<td>21.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socioeconomic status of area of residence(d)</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1—Lowest</td>
<td>11.1</td>
<td>3.3</td>
<td>28.8</td>
<td>14.4</td>
<td>19.2</td>
<td>13.9</td>
<td>1.6</td>
<td>7.7</td>
<td>14.9</td>
</tr>
<tr>
<td>2</td>
<td>7.4</td>
<td>2.6</td>
<td>28.7</td>
<td>12.5</td>
<td>63.4</td>
<td>7.5</td>
<td>8.1</td>
<td>6.9</td>
<td>15.1</td>
</tr>
<tr>
<td>3</td>
<td>11.2</td>
<td>3.3</td>
<td>20.3</td>
<td>9.9</td>
<td>34.2</td>
<td>9.2</td>
<td>10.7</td>
<td>11.8</td>
<td>12.0</td>
</tr>
<tr>
<td>4</td>
<td>4.0</td>
<td>0.6</td>
<td>15.8</td>
<td>3.4</td>
<td>17.0</td>
<td>3.4</td>
<td>11.6</td>
<td>7.6</td>
<td>7.0</td>
</tr>
<tr>
<td>5—Highest</td>
<td>3.6</td>
<td>&lt;0.1</td>
<td>14.6</td>
<td>6.8</td>
<td>13.5</td>
<td>. .</td>
<td>10.4</td>
<td>0.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Total</td>
<td>7.5</td>
<td>1.9</td>
<td>22.0</td>
<td>8.9</td>
<td>31.9</td>
<td>10.6</td>
<td>10.3</td>
<td>8.0</td>
<td>11.2</td>
</tr>
</tbody>
</table>

(a) Includes patient days for overnight separations with a care type of Maintenance, for which the separation mode was not Other (was not discharged to their place of usual residence) and had a diagnosis of Z75.11 Person awaiting admission to residential aged care service.

(b) Other Australians includes separations for which the Indigenous status was not reported.

(c) Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

(d) Socioeconomic status of area is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). Disaggregation by socioeconomic status of area is by usual residence, not socioeconomic status of area of hospital 'site'. The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

How urgent was the care?

Admissions to hospital can be categorised as Emergency (required within 24 hours) or Elective (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis).

In 2011–12, 66% of sub- and non-acute admitted patients were reported as Elective admissions (treatment could be delayed by at least 24 hours). The proportion of Elective admissions varied between public and private hospitals, accounting for 90% of sub- and non-acute separations in private hospitals and 35% in public hospitals. About 30% of sub- and non-acute separations had a Not assigned urgency of admission (Table 11.15).
Table 11.15: Sub- and non-acute separations, by urgency of admission and care type, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Rehabilitation</th>
<th>Palliative</th>
<th>Geriatric evaluation and management</th>
<th>Psycho-geriatric</th>
<th>Maintenance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>3,413</td>
<td>6,626</td>
<td>904</td>
<td>587</td>
<td>1,025</td>
<td>12,555</td>
</tr>
<tr>
<td>Elective</td>
<td>39,930</td>
<td>9,989</td>
<td>10,264</td>
<td>584</td>
<td>2,004</td>
<td>62,771</td>
</tr>
<tr>
<td>Not assigned</td>
<td>52,215</td>
<td>14,642</td>
<td>19,280</td>
<td>1,208</td>
<td>19,239</td>
<td>106,584</td>
</tr>
<tr>
<td><strong>Total public hospitals</strong></td>
<td>95,562</td>
<td>31,260</td>
<td>30,451</td>
<td>2,382</td>
<td>22,271</td>
<td>181,926</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>463</td>
<td>808</td>
<td>6</td>
<td>617</td>
<td>34</td>
<td>1,928</td>
</tr>
<tr>
<td>Elective</td>
<td>205,525</td>
<td>4,135</td>
<td>87</td>
<td>5,568</td>
<td>1,959</td>
<td>217,274</td>
</tr>
<tr>
<td>Not assigned</td>
<td>20,343</td>
<td>934</td>
<td>31</td>
<td>19</td>
<td>695</td>
<td>22,022</td>
</tr>
<tr>
<td><strong>Total private hospitals</strong></td>
<td>226,887</td>
<td>5,877</td>
<td>124</td>
<td>6,204</td>
<td>2,698</td>
<td>241,790</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>322,449</td>
<td>37,137</td>
<td>30,575</td>
<td>8,586</td>
<td>24,969</td>
<td>423,716</td>
</tr>
</tbody>
</table>

(a) The totals include separations for which the urgency of admission was Not reported.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on sub- and non-acute separations describing care by the type of surgical or other procedure undertaken.

The type of care is also described by the care type that is used throughout this chapter to categorise the sub- and non-acute separations.

Palliative care

Although over 37,000 separations were recorded with a care type of Palliative care, there were over 57,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 11.16). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 Palliative care as an additional diagnosis, or by the assignment of the Palliative care type. The exact nature of the care provided for the separations that were not assigned the palliative care type, but were assigned an additional diagnosis code of Z51.5, is unknown.

Table 11.16: Palliative care separations as identified by care type and/or additional diagnosis of Z51.5, all hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care type</strong></td>
<td>12,835</td>
<td>7,880</td>
<td>9,338</td>
<td>3,783</td>
<td>1,741</td>
<td>596</td>
<td>671</td>
<td>293</td>
<td>37,137</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>16,540</td>
<td>18,783</td>
<td>9,338</td>
<td>3,783</td>
<td>3,699</td>
<td>2,174</td>
<td>752</td>
<td>761</td>
<td>56,000</td>
</tr>
<tr>
<td><strong>Care type and/or diagnosis</strong></td>
<td>17,701</td>
<td>18,866</td>
<td>9,338</td>
<td>3,783</td>
<td>4,075</td>
<td>2,249</td>
<td>785</td>
<td>817</td>
<td>57,614</td>
</tr>
</tbody>
</table>

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
Procedures and other interventions

In public hospitals, about 18% of sub- and non-acute separations did not report a procedure, while in private hospitals about 5% did not report a procedure (Table 11.17).

About 97% of procedures reported for sub- and non-acute separations, belonged to the ACHI procedure chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*. This chapter includes anaesthesia, allied health interventions (which includes physiotherapy and other rehabilitation-related procedures), dialysis and chemotherapy.

Table 11.17: Procedures(a) reported for sub- and non-acute separations, by ACHI chapter, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86</td>
<td>Procedures on nervous system</td>
<td>360</td>
<td>243</td>
</tr>
<tr>
<td>300–333</td>
<td>Procedures on ear and mastoid process</td>
<td>114</td>
<td>19</td>
</tr>
<tr>
<td>370–422</td>
<td>Procedures on nose, mouth and pharynx</td>
<td>85</td>
<td>24</td>
</tr>
<tr>
<td>450–490</td>
<td>Dental services</td>
<td>140</td>
<td>7</td>
</tr>
<tr>
<td>520–570</td>
<td>Procedures on respiratory system</td>
<td>860</td>
<td>141</td>
</tr>
<tr>
<td>600–777</td>
<td>Procedures on cardiovascular system</td>
<td>202</td>
<td>99</td>
</tr>
<tr>
<td>800–817</td>
<td>Procedures on blood and blood-forming organs</td>
<td>73</td>
<td>29</td>
</tr>
<tr>
<td>850–1011</td>
<td>Procedures on digestive system</td>
<td>1,241</td>
<td>310</td>
</tr>
<tr>
<td>1040–1129</td>
<td>Procedures on urinary system</td>
<td>1,577</td>
<td>226</td>
</tr>
<tr>
<td>1360–1579</td>
<td>Procedures on musculoskeletal system</td>
<td>854</td>
<td>387</td>
</tr>
<tr>
<td>1600–1718</td>
<td>Dermatological and plastic procedures</td>
<td>1,915</td>
<td>367</td>
</tr>
<tr>
<td>1786–1799</td>
<td>Radiation oncology procedures</td>
<td>576</td>
<td>40</td>
</tr>
<tr>
<td>1820–1922</td>
<td>Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>149,155</td>
<td>230,157</td>
</tr>
<tr>
<td>1940–2016</td>
<td>Imaging services</td>
<td>325</td>
<td>125</td>
</tr>
<tr>
<td>Other ACHI chapters</td>
<td>146</td>
<td>33</td>
<td>179</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>32,208</td>
<td>11,540</td>
<td>43,748</td>
</tr>
<tr>
<td>Total sub- and non-acute separations</td>
<td>181,926</td>
<td>241,790</td>
<td>423,716</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods. Additional information for states and territories is in tables 11.26 and 11.27 at the end of this chapter.

The most frequently reported procedures for each of the sub- and non-acute care types are presented in tables 11.18 to 11.20.

In 2011–12, allied health interventions (which lie within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for Rehabilitation care separations (Table 11.18). The 10 most common allied health interventions reported accounted for over 91% of procedures reported. They included physiotherapy, occupational therapy and social work. Some procedures were predominantly performed in private hospitals, such as hydrotherapy and exercise therapy.
Table 11.18: Procedures(a) reported for the 10 most common ACHI procedures for Rehabilitation care, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure code and description</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>95550-03 Allied health intervention, physiotherapy</td>
<td>75,693</td>
<td>203,754</td>
<td>279,447</td>
</tr>
<tr>
<td>95550-02 Allied health intervention, occupational therapy</td>
<td>57,578</td>
<td>95,706</td>
<td>153,284</td>
</tr>
<tr>
<td>96153-00 Hydrotherapy</td>
<td>1,273</td>
<td>79,079</td>
<td>80,352</td>
</tr>
<tr>
<td>95550-01 Allied health intervention, social work</td>
<td>38,695</td>
<td>17,712</td>
<td>56,407</td>
</tr>
<tr>
<td>95550-00 Allied health intervention, dietetics</td>
<td>25,413</td>
<td>12,329</td>
<td>37,742</td>
</tr>
<tr>
<td>95550-05 Allied health intervention, speech pathology</td>
<td>19,679</td>
<td>10,034</td>
<td>29,713</td>
</tr>
<tr>
<td>96129-00 Exercise therapy, total body</td>
<td>97</td>
<td>26,013</td>
<td>26,110</td>
</tr>
<tr>
<td>95550-11 Allied health intervention, other</td>
<td>4,071</td>
<td>19,487</td>
<td>23,558</td>
</tr>
<tr>
<td>95550-09 Allied health intervention, pharmacy</td>
<td>8,063</td>
<td>6,007</td>
<td>14,070</td>
</tr>
<tr>
<td>95550-10 Allied health intervention, psychology</td>
<td>5,125</td>
<td>5,054</td>
<td>10,179</td>
</tr>
<tr>
<td>Other</td>
<td>26,404</td>
<td>41,095</td>
<td>67,499</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>12,711</td>
<td>4,873</td>
<td>17,584</td>
</tr>
<tr>
<td><strong>Total procedures</strong></td>
<td><strong>262,091</strong></td>
<td><strong>516,270</strong></td>
<td><strong>778,361</strong></td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

For Palliative care, 8 of the 10 most common reported procedures were allied health interventions and included social work, physiotherapy and pastoral care (Table 11.19). About 16% of Palliative care separations had no procedures reported.

Table 11.19: Procedures(a) reported for the 10 most common ACHI procedures for Palliative care, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Procedure code and description</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>95550-01 Allied health intervention, social work</td>
<td>12,507</td>
<td>1,149</td>
<td>13,656</td>
</tr>
<tr>
<td>95550-03 Allied health intervention, physiotherapy</td>
<td>11,771</td>
<td>1,589</td>
<td>13,360</td>
</tr>
<tr>
<td>95550-02 Allied health intervention, occupational therapy</td>
<td>7,311</td>
<td>420</td>
<td>7,731</td>
</tr>
<tr>
<td>95550-12 Allied health intervention, pastoral care</td>
<td>5,760</td>
<td>1,175</td>
<td>6,935</td>
</tr>
<tr>
<td>95550-00 Allied health intervention, dietetics</td>
<td>5,954</td>
<td>649</td>
<td>6,603</td>
</tr>
<tr>
<td>95550-05 Allied health intervention, speech pathology</td>
<td>4,214</td>
<td>265</td>
<td>4,479</td>
</tr>
<tr>
<td>95550-09 Allied health intervention, pharmacy</td>
<td>1,882</td>
<td>191</td>
<td>2,073</td>
</tr>
<tr>
<td>13706-02 Administration of packed cells</td>
<td>1,238</td>
<td>368</td>
<td>1,606</td>
</tr>
<tr>
<td>95550-11 Allied health intervention, other</td>
<td>1,269</td>
<td>89</td>
<td>1,358</td>
</tr>
<tr>
<td>96104-00 Music therapy</td>
<td>755</td>
<td>200</td>
<td>955</td>
</tr>
<tr>
<td>Other</td>
<td>7,552</td>
<td>2,562</td>
<td>10,114</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>8,956</td>
<td>2,147</td>
<td>11,103</td>
</tr>
<tr>
<td><strong>Total procedures</strong></td>
<td><strong>60,213</strong></td>
<td><strong>5,657</strong></td>
<td><strong>68,870</strong></td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
For **Geriatric evaluation and management**, the 5 most common procedures accounted for about 80% of reported procedures and were allied health interventions and included physiotherapy, occupational therapy and social work (Table 11.20).

For **Psychogeriatric** care, about 29% of separations had no procedures reported. The 5 most common procedures included social work, occupational therapy, physiotherapy and electroconvulsive treatment (Table 11.20).

For **Maintenance care**, about 19% of separations had no procedures reported. The 5 most common procedures included physiotherapy, social work and occupational therapy (Table 11.20).

**Table 11.20: Procedures(a) reported for the 5 most common ACHI procedures for other sub- and non-acute care, public and private hospitals, 2011–12**

<table>
<thead>
<tr>
<th>Procedure code and description</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geriatric evaluation and management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95550-03 Allied health intervention, physiotherapy</td>
<td>24,792</td>
<td>80</td>
<td>24,872</td>
</tr>
<tr>
<td>95550-02 Allied health intervention, occupational therapy</td>
<td>21,198</td>
<td>53</td>
<td>21,251</td>
</tr>
<tr>
<td>95550-01 Allied health intervention, social work</td>
<td>18,229</td>
<td>47</td>
<td>18,276</td>
</tr>
<tr>
<td>95550-00 Allied health intervention, dietetics</td>
<td>13,290</td>
<td>13</td>
<td>13,303</td>
</tr>
<tr>
<td>95550-05 Allied health intervention, speech pathology</td>
<td>7,696</td>
<td>12</td>
<td>7,708</td>
</tr>
<tr>
<td>Other</td>
<td>20,324</td>
<td>158</td>
<td>20,482</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>3,062</td>
<td>9</td>
<td>3,071</td>
</tr>
<tr>
<td>Total procedures for Geriatric evaluation and management separations</td>
<td>105,529</td>
<td>365</td>
<td>105,894</td>
</tr>
<tr>
<td><strong>Psychogeriatric care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92514-99 General anaesthesia, ASA 99</td>
<td>694</td>
<td>1,263</td>
<td>1,957</td>
</tr>
<tr>
<td>95550-01 Allied health intervention, social work</td>
<td>1,182</td>
<td>469</td>
<td>1,651</td>
</tr>
<tr>
<td>95550-02 Allied health intervention, occupational therapy</td>
<td>946</td>
<td>644</td>
<td>1,590</td>
</tr>
<tr>
<td>95550-03 Allied health intervention, physiotherapy</td>
<td>944</td>
<td>641</td>
<td>1,585</td>
</tr>
<tr>
<td>93341-01 Electroconvulsive therapy [ECT], 1 treatment</td>
<td>162</td>
<td>465</td>
<td>627</td>
</tr>
<tr>
<td>Other</td>
<td>3,039</td>
<td>3,648</td>
<td>6,687</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>406</td>
<td>3,732</td>
<td>4,138</td>
</tr>
<tr>
<td>Total procedures for Psychogeriatric care separations</td>
<td>6,967</td>
<td>7,130</td>
<td>14,097</td>
</tr>
<tr>
<td><strong>Maintenance care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95550-03 Allied health intervention, physiotherapy</td>
<td>9,764</td>
<td>707</td>
<td>10,471</td>
</tr>
<tr>
<td>95550-01 Allied health intervention, social work</td>
<td>9,235</td>
<td>496</td>
<td>9,731</td>
</tr>
<tr>
<td>95550-02 Allied health intervention, occupational therapy</td>
<td>5,534</td>
<td>176</td>
<td>5,710</td>
</tr>
<tr>
<td>95550-00 Allied health intervention, dietetics</td>
<td>4,425</td>
<td>136</td>
<td>4,561</td>
</tr>
<tr>
<td>95550-05 Allied health intervention, speech pathology</td>
<td>2,787</td>
<td>83</td>
<td>2,870</td>
</tr>
<tr>
<td>Other</td>
<td>6,275</td>
<td>1,458</td>
<td>7,733</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>7,081</td>
<td>779</td>
<td>7,860</td>
</tr>
<tr>
<td>Total procedures for Maintenance care separations</td>
<td>38,020</td>
<td>3,056</td>
<td>41,076</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; ASA—American Society of Anesthesiologists Physical Status Classification; ECT—electroconvulsive therapy.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
How long did patients stay?

Sub- and non-acute separations may involve same-day or overnight episodes. Overall, the average length of stay for sub- and non-acute care was much higher than the average length of stay for acute care (Table 7.20), and was higher in public hospitals than in private hospitals (Table 11.21). For example, the average length of stay for Rehabilitation care was 17.0 days in public hospitals, compared to 4.6 days in private hospitals.

Table 11.21: Patient days and average length of stay for sub- and non-acute separations, by care type, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Care type</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient days</td>
<td>Average length of stay</td>
<td>Patient days</td>
</tr>
<tr>
<td>Rehabilitation care</td>
<td>1,627,134</td>
<td>17.0</td>
<td>1,051,109</td>
</tr>
<tr>
<td>Palliative care</td>
<td>335,570</td>
<td>10.7</td>
<td>71,216</td>
</tr>
<tr>
<td>Geriatric evaluation and management</td>
<td>546,942</td>
<td>18.0</td>
<td>4,335</td>
</tr>
<tr>
<td>Psychogeriatric care</td>
<td>93,673</td>
<td>39.3</td>
<td>42,061</td>
</tr>
<tr>
<td>Maintenance care</td>
<td>739,993</td>
<td>33.2</td>
<td>58,146</td>
</tr>
<tr>
<td>Total</td>
<td>3,343,312</td>
<td>18.4</td>
<td>1,226,867</td>
</tr>
</tbody>
</table>

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Who paid for the care?

About 76% of sub- and non-acute separations from public hospitals were for Public patients, and over 79% of sub- and non-acute separations from private hospitals were funded by Private health insurance (Table 11.22). The Department of Veterans’ Affairs funded almost 6% of sub- and non-acute separations in public hospitals and 11% in private hospitals. For private hospitals, about 38% of Palliative care separations and 12% of Maintenance care separations were Public patients.
### Table 11.22: Sub- and non-acute separations, by principal source of funds and care type, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Rehabilitation</th>
<th>Palliative</th>
<th>Other sub- and non-acute care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients(a)</td>
<td>72,300</td>
<td>23,448</td>
<td>41,910</td>
<td>137,658</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>16,026</td>
<td>5,366</td>
<td>8,149</td>
<td>29,541</td>
</tr>
<tr>
<td>Self-funded</td>
<td>707</td>
<td>664</td>
<td>275</td>
<td>1,646</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>583</td>
<td>47</td>
<td>28</td>
<td>658</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>1,433</td>
<td>5</td>
<td>172</td>
<td>1,610</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>4,190</td>
<td>1,713</td>
<td>4,237</td>
<td>10,140</td>
</tr>
<tr>
<td>Other(b)</td>
<td>323</td>
<td>17</td>
<td>333</td>
<td>673</td>
</tr>
<tr>
<td><strong>Total public hospitals</strong></td>
<td>95,562</td>
<td>31,260</td>
<td>55,104</td>
<td>181,926</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public patients(a)</td>
<td>855</td>
<td>2,248</td>
<td>401</td>
<td>3,504</td>
</tr>
<tr>
<td>Private health insurance</td>
<td>182,447</td>
<td>2,805</td>
<td>6,552</td>
<td>191,804</td>
</tr>
<tr>
<td>Self-funded</td>
<td>8,017</td>
<td>23</td>
<td>97</td>
<td>8,137</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>8,360</td>
<td>11</td>
<td>55</td>
<td>8,426</td>
</tr>
<tr>
<td>Motor vehicle third party personal claim</td>
<td>1,089</td>
<td>48</td>
<td>3</td>
<td>1,140</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>24,378</td>
<td>531</td>
<td>1,882</td>
<td>26,791</td>
</tr>
<tr>
<td>Other(b)</td>
<td>1,741</td>
<td>211</td>
<td>36</td>
<td>1,988</td>
</tr>
<tr>
<td><strong>Total private hospitals</strong></td>
<td>226,887</td>
<td>5,877</td>
<td>9,026</td>
<td>241,790</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>322,449</td>
<td>37,137</td>
<td>64,130</td>
<td>423,716</td>
</tr>
</tbody>
</table>

(a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a Public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some public patient services were funded through the Medicare Benefits Schedule.

(b) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and not reported.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

### How was the care completed?

The **mode of separation** records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

In 2011–12, the most common mode of separation for sub- and non-acute separations was **Other** (76%), which includes discharge to usual residence/own accommodation/welfare institution (Table 11.23). Over 4% of separations ended with **Discharged or transferred to a residential aged care service** and a further 5% were transferred to another hospital.

**Other** was reported as the separation mode for 91% of private hospital separations for sub- and non-acute care, compared with 56% for public hospitals.

For public hospitals, about 10% of sub- and non-acute separations ended with a **Discharge/transfer to an(other) acute hospital** and a further 10% ended with a **Statistical discharge: type change** (indicating that the patient remained in hospital but the intent of care had changed).
Table 11.23: Sub- and non-acute separations, by mode of separation, public and private hospitals, 2011–12

<table>
<thead>
<tr>
<th>Separation mode</th>
<th>Public hospitals</th>
<th>Private hospitals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge/transfer to an(other) acute hospital</td>
<td>17,844</td>
<td>3,668</td>
<td>21,512</td>
</tr>
<tr>
<td>Discharge/transfer to residential aged care service(a)</td>
<td>16,280</td>
<td>1,908</td>
<td>18,188</td>
</tr>
<tr>
<td>Discharge/transfer to an(other) psychiatric hospital</td>
<td>238</td>
<td>8</td>
<td>246</td>
</tr>
<tr>
<td>Discharge/transfer to other health-care accommodation</td>
<td>3,842</td>
<td>9,697</td>
<td>13,539</td>
</tr>
<tr>
<td>Statistical discharge: type change</td>
<td>18,741</td>
<td>2,628</td>
<td>21,369</td>
</tr>
<tr>
<td>Left against medical advice/discharge at own risk</td>
<td>1,087</td>
<td>255</td>
<td>1,342</td>
</tr>
<tr>
<td>Statistical discharge from leave</td>
<td>960</td>
<td>10</td>
<td>970</td>
</tr>
<tr>
<td>Died</td>
<td>20,218</td>
<td>3,733</td>
<td>23,951</td>
</tr>
<tr>
<td>Other(b)</td>
<td>102,711</td>
<td>219,882</td>
<td>322,593</td>
</tr>
<tr>
<td>Total</td>
<td>181,926</td>
<td>241,790</td>
<td>423,716</td>
</tr>
</tbody>
</table>

(a) The separation mode Discharge/transfer to residential aged care service excludes where this was the usual place of residence.

(b) The separation mode Other includes Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

There was some variation in the mode of separation by type of sub- and non-acute care. For example, for Rehabilitation care, 87% of separations reported a mode of separation of Other, compared with 28% of separations for Palliative care. About 59% of Palliative care separations had a mode of separation of Died (Figure 11.2).

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Figure 11.2: Rehabilitation care and Palliative care separations by separation mode, all hospitals, 2011–12
Table 11.24: Sub- and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00–B99</td>
<td>Certain infectious and parasitic diseases</td>
<td>418</td>
<td>470</td>
<td>181</td>
<td>60</td>
<td>55</td>
<td>14</td>
<td>36</td>
<td>11</td>
</tr>
<tr>
<td>C00–D48</td>
<td>Neoplasms</td>
<td>8,601</td>
<td>5,198</td>
<td>4,792</td>
<td>884</td>
<td>991</td>
<td>258</td>
<td>389</td>
<td>163</td>
</tr>
<tr>
<td>D50–D89</td>
<td>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
<td>114</td>
<td>166</td>
<td>119</td>
<td>24</td>
<td>35</td>
<td>10</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>E00–E89</td>
<td>Endocrine, nutritional and metabolic diseases</td>
<td>254</td>
<td>435</td>
<td>200</td>
<td>50</td>
<td>56</td>
<td>n.p.</td>
<td>46</td>
<td>n.p.</td>
</tr>
<tr>
<td>F00–F99</td>
<td>Mental and behavioural disorders</td>
<td>1,903</td>
<td>1,136</td>
<td>1,056</td>
<td>605</td>
<td>364</td>
<td>106</td>
<td>86</td>
<td>5</td>
</tr>
<tr>
<td>G00–G99</td>
<td>Diseases of the nervous system</td>
<td>674</td>
<td>1,240</td>
<td>560</td>
<td>283</td>
<td>186</td>
<td>32</td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>I00–I99</td>
<td>Diseases of the circulatory system</td>
<td>1,758</td>
<td>2,545</td>
<td>1,226</td>
<td>448</td>
<td>219</td>
<td>126</td>
<td>171</td>
<td>17</td>
</tr>
<tr>
<td>J00–J99</td>
<td>Diseases of the respiratory system</td>
<td>1,475</td>
<td>1,925</td>
<td>883</td>
<td>267</td>
<td>218</td>
<td>64</td>
<td>146</td>
<td>28</td>
</tr>
<tr>
<td>K00–K93</td>
<td>Diseases of the digestive system</td>
<td>745</td>
<td>824</td>
<td>505</td>
<td>169</td>
<td>106</td>
<td>45</td>
<td>93</td>
<td>16</td>
</tr>
<tr>
<td>L00–L99</td>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>214</td>
<td>290</td>
<td>130</td>
<td>26</td>
<td>38</td>
<td>3</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>M00–M99</td>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>463</td>
<td>1,027</td>
<td>285</td>
<td>170</td>
<td>253</td>
<td>n.p.</td>
<td>43</td>
<td>n.p.</td>
</tr>
<tr>
<td>N00–N99</td>
<td>Diseases of the genitourinary system</td>
<td>623</td>
<td>863</td>
<td>370</td>
<td>129</td>
<td>98</td>
<td>17</td>
<td>53</td>
<td>25</td>
</tr>
<tr>
<td>R00–R99</td>
<td>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>665</td>
<td>1,374</td>
<td>423</td>
<td>206</td>
<td>392</td>
<td>19</td>
<td>50</td>
<td>16</td>
</tr>
<tr>
<td>S00–T98</td>
<td>Injury, poisoning and certain other consequences of external causes</td>
<td>1,700</td>
<td>3,127</td>
<td>804</td>
<td>393</td>
<td>204</td>
<td>96</td>
<td>105</td>
<td>16</td>
</tr>
<tr>
<td>Z00–Z99</td>
<td>Factors influencing health status and contact with health services</td>
<td>39,889</td>
<td>18,985</td>
<td>30,877</td>
<td>12,926</td>
<td>12,365</td>
<td>1,305</td>
<td>3,574</td>
<td>487</td>
</tr>
<tr>
<td>Other ICD-10-AM chapters/not reported</td>
<td>244</td>
<td>56</td>
<td>33</td>
<td>24</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>372</td>
</tr>
<tr>
<td><strong>Total sub- and non-acute separations</strong></td>
<td><strong>59,740</strong></td>
<td><strong>39,661</strong></td>
<td><strong>42,444</strong></td>
<td><strong>16,664</strong></td>
<td><strong>15,586</strong></td>
<td><strong>2,148</strong></td>
<td><strong>4,877</strong></td>
<td><strong>806</strong></td>
<td><strong>181,926</strong></td>
</tr>
</tbody>
</table>

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
Table 11.25: Sub- and non-acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>C00–D48 Neoplasms</td>
<td>346</td>
<td>564</td>
<td>1,590</td>
<td>1,866</td>
<td>207</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>4,662</td>
</tr>
<tr>
<td>F00–F99 Mental and behavioural disorders</td>
<td>4</td>
<td>4,653</td>
<td>871</td>
<td>71</td>
<td>3</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>5,630</td>
</tr>
<tr>
<td>G00–G99 Diseases of the nervous system</td>
<td>3</td>
<td>630</td>
<td>50</td>
<td>49</td>
<td>10</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>762</td>
</tr>
<tr>
<td>I00–I99 Diseases of the circulatory system</td>
<td>20</td>
<td>29</td>
<td>115</td>
<td>420</td>
<td>19</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>617</td>
</tr>
<tr>
<td>J00–J99 Diseases of the respiratory system</td>
<td>26</td>
<td>21</td>
<td>98</td>
<td>316</td>
<td>9</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>483</td>
</tr>
<tr>
<td>K00–K93 Diseases of the digestive system</td>
<td>27</td>
<td>13</td>
<td>55</td>
<td>73</td>
<td>13</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>185</td>
</tr>
<tr>
<td>M00–M99 Diseases of the musculoskeletal system and connective tissue</td>
<td>n.p.</td>
<td>7</td>
<td>21</td>
<td>102</td>
<td>10</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>149</td>
</tr>
<tr>
<td>N00–N99 Diseases of the genitourinary system</td>
<td>10</td>
<td>12</td>
<td>34</td>
<td>52</td>
<td>8</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>121</td>
</tr>
<tr>
<td>R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>56</td>
<td>122</td>
<td>23</td>
<td>44</td>
<td>9</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>262</td>
</tr>
<tr>
<td>S00–T98 Injury, poisoning and certain other consequences of external causes</td>
<td>n.p.</td>
<td>8</td>
<td>15</td>
<td>114</td>
<td>5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>158</td>
</tr>
<tr>
<td>Z00–Z99 Factors influencing health status and contact with health services</td>
<td>141,188</td>
<td>19,228</td>
<td>35,589</td>
<td>2,950</td>
<td>21,743</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>228,514</td>
</tr>
<tr>
<td>Other ICD-10-AM chapters/not reported</td>
<td>24</td>
<td>42</td>
<td>53</td>
<td>89</td>
<td>20</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>247</td>
</tr>
<tr>
<td><strong>Total sub- and non-acute separations</strong></td>
<td>141,708</td>
<td>25,329</td>
<td>38,514</td>
<td>6,146</td>
<td>22,056</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>241,790</td>
</tr>
</tbody>
</table>

*Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.*
### Table 11.26: Procedures\(^{(a)}\) reported for sub- and non-acute separations, by ACHI chapter, public hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures on nervous system</td>
<td>111</td>
<td>57</td>
<td>61</td>
<td>71</td>
<td>39</td>
<td>n.p.</td>
<td>15</td>
<td>n.p.</td>
<td>360</td>
</tr>
<tr>
<td>Procedures on ear and mastoid process</td>
<td>21</td>
<td>23</td>
<td>33</td>
<td>20</td>
<td>12</td>
<td>3</td>
<td>n.p.</td>
<td>n.p.</td>
<td>114</td>
</tr>
<tr>
<td>Dental services</td>
<td>32</td>
<td>4</td>
<td>75</td>
<td>17</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>140</td>
</tr>
<tr>
<td>Procedures on respiratory system</td>
<td>269</td>
<td>145</td>
<td>220</td>
<td>107</td>
<td>67</td>
<td>10</td>
<td>27</td>
<td>15</td>
<td>860</td>
</tr>
<tr>
<td>Procedures on cardiovascular system</td>
<td>70</td>
<td>31</td>
<td>41</td>
<td>28</td>
<td>26</td>
<td>n.p.</td>
<td>n.p.</td>
<td>1</td>
<td>202</td>
</tr>
<tr>
<td>Procedures on digestive system</td>
<td>403</td>
<td>238</td>
<td>266</td>
<td>141</td>
<td>133</td>
<td>12</td>
<td>29</td>
<td>19</td>
<td>1,241</td>
</tr>
<tr>
<td>Procedures on urinary system</td>
<td>705</td>
<td>298</td>
<td>218</td>
<td>172</td>
<td>86</td>
<td>13</td>
<td>47</td>
<td>38</td>
<td>1,577</td>
</tr>
<tr>
<td>Procedures on musculoskeletal system</td>
<td>266</td>
<td>215</td>
<td>111</td>
<td>150</td>
<td>78</td>
<td>17</td>
<td>9</td>
<td>8</td>
<td>854</td>
</tr>
<tr>
<td>Dermatological and plastic procedures</td>
<td>297</td>
<td>1,130</td>
<td>246</td>
<td>116</td>
<td>70</td>
<td>21</td>
<td>28</td>
<td>7</td>
<td>1,915</td>
</tr>
<tr>
<td>Radiation oncology procedures</td>
<td>260</td>
<td>156</td>
<td>60</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>41</td>
<td>26</td>
<td>576</td>
</tr>
<tr>
<td>Non-invasive, cognitive and other interventions, n.e.c.</td>
<td>52,286</td>
<td>33,680</td>
<td>28,947</td>
<td>14,687</td>
<td>13,025</td>
<td>1,644</td>
<td>4,387</td>
<td>499</td>
<td>149,155</td>
</tr>
<tr>
<td>Imaging services</td>
<td>232</td>
<td>21</td>
<td>36</td>
<td>20</td>
<td>3</td>
<td>n.p.</td>
<td>11</td>
<td>n.p.</td>
<td>325</td>
</tr>
<tr>
<td>Other ACHI chapters</td>
<td>116</td>
<td>55</td>
<td>51</td>
<td>38</td>
<td>14</td>
<td>5</td>
<td>18</td>
<td>7</td>
<td>304</td>
</tr>
<tr>
<td>Separations with procedures</td>
<td>52,561</td>
<td>33,729</td>
<td>29,083</td>
<td>14,714</td>
<td>13,057</td>
<td>1,655</td>
<td>4,401</td>
<td>518</td>
<td>149,718</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>7,179</td>
<td>5,932</td>
<td>13,361</td>
<td>1,950</td>
<td>2,529</td>
<td>493</td>
<td>476</td>
<td>288</td>
<td>32,208</td>
</tr>
<tr>
<td><strong>Total sub- and non-acute separations</strong></td>
<td>59,740</td>
<td>39,661</td>
<td>42,444</td>
<td>16,664</td>
<td>15,586</td>
<td>2,148</td>
<td>4,877</td>
<td>806</td>
<td>181,926</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

\(^{(a)}\) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
### Table 11.27: Procedures\((a)\) reported for sub- and non-acute separations, by ACHI chapter, private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–86 Procedures on nervous system</td>
<td>100</td>
<td>20</td>
<td>55</td>
<td>54</td>
<td>6</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>243</td>
</tr>
<tr>
<td>520–570 Procedures on respiratory system</td>
<td>11</td>
<td>28</td>
<td>51</td>
<td>45</td>
<td>5</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>141</td>
</tr>
<tr>
<td>850–1011 Procedures on digestive system</td>
<td>48</td>
<td>24</td>
<td>84</td>
<td>113</td>
<td>31</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>310</td>
</tr>
<tr>
<td>1360–1579 Procedures on musculoskeletal system</td>
<td>89</td>
<td>54</td>
<td>90</td>
<td>118</td>
<td>20</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>387</td>
</tr>
<tr>
<td>Other ACHI chapters</td>
<td>36</td>
<td>n.p.</td>
<td>65</td>
<td>n.p.</td>
<td>41</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>251</td>
</tr>
<tr>
<td>No procedure or not reported</td>
<td>3,994</td>
<td>3,875</td>
<td>2,308</td>
<td>1,032</td>
<td>261</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>11,540</td>
</tr>
<tr>
<td>Total sub- and non-acute separations</td>
<td>141,708</td>
<td>25,329</td>
<td>38,514</td>
<td>6,146</td>
<td>22,056</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>241,790</td>
</tr>
</tbody>
</table>

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

\((a)\) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.
Appendix A: Database quality statement summaries

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the:

- National Hospital Morbidity Database (NHMD)
- National Public Hospital Establishments Database (NPHED)
- National Elective Surgery Waiting Times Data Collection (NESWTDC)
- National Non-admitted Patient Emergency Department Care Database (NNAPEDCD)
- National Outpatient Care Database (NOCD)
- National *Staphylococcus aureus* bacteraemia Data Collection (NSABDC).

This appendix also contains information on variation in the categorisation of public and private hospitals, and other changes in hospital reporting that may affect interpretation of the data presented in this report.

Complete data quality statements for these databases are available online at <www.aihw.gov.au/hospitals/>.

Public and private hospitals

There is some variation between jurisdictions as to whether hospitals that predominantly provide public hospital services, but are privately owned and/or operated, are reported as public or private hospitals. A list of such hospitals is in Table A1 with information on how they are reported. The categorisations listed are those used for this report; reports produced by other agencies may categorise these hospitals differently.

For example, Peel and Joondalup hospitals are private hospitals that predominantly treat public patients under contract to the Western Australian Department of Health. From 2006–07, two new reporting units (public hospitals) were created to cover the public health services of these two hospitals, whereas in previous years all activity was reported for the private hospitals.

Another example is the Hawkesbury District Health Service, which was categorised as a private hospital until 2002–03 and has been categorised as a public hospital in AIHW reports since 2003–04.

Lists of all public and private hospitals contributing to this report are in tables A.S1 and A.S2 accompanying this report online at <www.aihw.gov.au/hospitals/>.
Table A1: Hospitals included in this report that predominantly provide public hospital services that were privately owned and/or operated, 2011–12

<table>
<thead>
<tr>
<th>Hospital</th>
<th>How reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawkesbury District Health Service, NSW</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Mildura Base Hospital, Victoria</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Mater Adult Hospital, Qld</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Mater Children’s Hospital, Qld</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Mater Mother’s Hospital, Qld</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Joondalup Health Campus, WA</td>
<td>Public hospital for services provided under the contract and a private hospital for services provided to private patients</td>
</tr>
<tr>
<td>Peel Health Campus, WA</td>
<td>Public hospital for services provided under the contract and a private hospital for services provided to private patients</td>
</tr>
<tr>
<td>Southern Districts War Memorial Private Hospital, SA</td>
<td>Public hospital for services provided under the contract and a private hospital for services provided to private patients</td>
</tr>
<tr>
<td>May Shaw District Nursing Centre, Tas</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Toosey Hospital, Tas</td>
<td>Public hospital</td>
</tr>
<tr>
<td>Mersey Community Hospital</td>
<td>Public hospital</td>
</tr>
</tbody>
</table>

Mersey Community Hospital

The Mersey Community Hospital in Tasmania was a public hospital from 2004–05 until the end of October 2007. The Australian Government assumed administration of it in November 2007, predominantly providing public hospital services between November 2007 and June 2012. Mersey Community Hospital was reported as a private hospital in this report for the period from November 2007 to June 2009, and as a public hospital from July 2009 to June 2012; however, data for elective surgery waiting times, emergency department, outpatient care and other non-admitted patient services are included with data for Tasmanian public hospitals for all periods. This reflects the fact that the Mersey Community Hospital maintained elective surgery waiting lists for its patients and provided emergency department, outpatient care and other non-admitted patient services, as public hospitals do.

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals.

The data supplied are based on the National Minimum Data Set (NMDS) for Admitted patient care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections...
authorities and in Australia’s off-shore territories are not in scope but some are
included.

The reference period for this data set is 2011–12. The data set includes records for
admitted patient separations between 1 July 2011 and 30 June 2012.

Summary of key issues

• The NHMD is a comprehensive dataset that has records for all separations of
admitted patients from essentially all public and private hospitals in Australia.

• A record is included for each separation, not for each patient, so patients who
separated more than once in the year have more than one record in the NHMD.

• For 2011–12, almost all public hospitals provided data for the NHMD. The
exception was a mothercraft hospital in the ACT. The great majority of private
hospitals also provided data, the exceptions being the private day hospital
facilities in the ACT and the single private free-standing day hospital facility in
the NT.

• Hospitals may be re-categorised as public or private between or within years (see
above).

• There is apparent variation between states and territories in the use of statistical
discharges and associated assignment of care types.

• There was variation between states and territories in the reporting of separations
for Newborns (without qualified days):
  – For 2011–12, private hospitals in Victoria did not report most Newborn
episodes without qualified days, therefore the count of newborn episodes
will be underestimated.
  – South Australian private hospitals are not required to provide records for
Newborn episodes without qualified days.
  – For Tasmania, where a newborn’s qualification status was considered
qualified at any point during the episode of care, the entire episode was
reported as qualified days. As a consequence, the average length of stay for
Newborn episodes with qualified days only in Tasmanian public hospitals is
not directly comparable with that in other states.
  – The private hospital in the Northern Territory reported separations for
Newborn episodes with qualified days that may not have involved qualified
care.

• Data on state of hospitalisation should be interpreted with caution because of
cross-border flows of patients. This is particularly the case for the Australian
Capital Territory. In 2011–12, about 20% of separations for Australian Capital
Territory hospitals were for patients who resided in New South Wales.

• Variations in admission practices and policies lead to variation among providers
in the number of admissions for some conditions.

• Caution should be used in comparing diagnosis, procedure and external cause
data over time, as the classifications and coding standards for those data can
change over time. In particular, between 2009–10 and 2010–11, there were
significant changes in the coding of diagnoses for diabetes and obstetrics and for
reporting imaging procedures.
The Indigenous status data are of sufficient quality for statistical reporting purposes for all hospitalisations. An estimated 88% of Indigenous patients were correctly identified in Australian public hospital admission records in 2011–12. Based on the results of the survey data a correction factor of 1.09 was calculated, suggesting that the ‘true’ number of Indigenous persons should be about 9% higher than indicated in the hospital record (AIHW forthcoming).

The list of public hospitals that contributed to the NHMD in 2011–12 is in Table A.S1, which accompanies this report online.

**National Public Hospital Establishments Database**

The National Public Hospital Establishments Database (NPHED) is based on the National Minimum Data Set (NMDS) for Public hospital establishments. It holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients.

The reference period for this data set is 2011–12.

**Summary of key issues**

- Essentially all public hospitals were included for 2011–12.
- Differences in counting and classification practices across jurisdictions may affect the comparability of these data. There was variation between states and territories in the reporting of expenditure, depreciation, available beds, staffing categories and outpatient occasions of service.
- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.
- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.
- Data supply issues in Victoria have resulted in significant under-reporting of non-admitted occasions of service in 2011–12 for Dental, Mental health, and Community health. Consequently, 2011–12 data for Victoria are not directly comparable with previous years.
For 2011–12, Tasmania were not able to provide outpatient care data for one Principal referral hospital, which reported about 180,000 occasions of service to the NPHED in 2010–11.

The list of public hospitals that contributed to the NPHED is available in Table A.S1, which accompanies this report online.

National Outpatient Care Database

The National Outpatient Care Database (NOCD) is based on the National Minimum Data Set for Outpatient care (OPC NMDS). It contains aggregate data on services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals including data on the type of outpatient clinic and counts of individual and group occasions of service.

The scope of the NOCD covers public hospitals that are classified as either peer group A or B (Principal referral and specialist women’s and children’s hospitals or Large hospitals) in the Australian hospital statistics publication from the preceding financial year.

The reference period for this data set is 2011–12. The data set includes records for outpatient care occasions of service provided between 1 July 2011 and 30 June 2012.

Summary of key issues

- While the scope of the NOCD covers public hospitals in public hospital peer groups A (Principal referral and specialist women’s and children’s hospitals) and B (Large hospitals), data were also provided by some states and territories for hospitals in peer groups other than A and B:
  - Western Australia provided data for 3 Medium hospitals, 2 Small remote acute hospitals, 1 Small non-acute hospital and 1 Rehabilitation hospital
  - South Australia provided data for 1 Medium hospital
  - Tasmania provided data for 1 Medium hospital.

- For 2011–12, the proportion of outpatient occasions of service reported to the NOCD was estimated as 98% for public hospitals in peer groups A and B and 79% for all public hospitals.

- The data in the NOCD are not necessarily representative of the hospitals not included in the NOCD. Hospitals not included do not necessarily have outpatient clinics that are equivalent to those in hospitals in peer groups A and B.

- The data collection does not include care provided to non-admitted patients in emergency departments.

- Although the NOCD is a valuable source of information on services provided to non-admitted, non-emergency patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.

- Over the 2 reporting periods 2010–11 and 2011–12, the reporting of outpatient clinic care for some jurisdictions was changed in order to align with the reporting requirements for Activity Based Funding. These changes included: the
discontinuation of reporting for some activity; the commencement of reporting for some activity; the re-categorisation of some clinics according to the Tier 2 clinics structure (IHPA 2011). Therefore, these data may not be comparable with data reported for previous years.

- Data supply issues in Victoria have resulted in significant under-reporting of non-admitted occasions of service in 2011–12 for Dental, Mental health, and Community health. Consequently, 2011–12 data for Victoria are not directly comparable with previous years.

- For Western Australia, counts of outpatient group sessions reported to the NOCD reflect the number of individuals who attended group sessions. The data for Western Australian group sessions are therefore not directly comparable with the data provided for group sessions presented for other states and territories.

- For 2011–12, Tasmania were not able to provide outpatient care data for one Principal referral hospital, which reported about 134,000 occasions of service to the NOCD in 2010–11.

The list of public hospitals that contributed to the NOCD in 2011–12 is in Table A.S1, which accompanies this report online.

**National Non-Admitted Patient Emergency Department Care Database**

The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC).

The scope of this NMDS is non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either peer group A or B (Principal referral and specialist women’s and children’s hospitals or Large hospitals) in the Australian hospital statistics publication from the preceding financial year.

**Summary of key issues**

- Some states and territories also provided data for public hospitals that were classified to peer groups other than A or B. Data were also provided for:
  - 23 Medium hospitals, 20 Small hospitals and 9 Unpeered/Other hospitals in New South Wales
  - 6 Medium hospitals in Victoria
  - 4 Medium hospitals in Queensland
  - 3 Small remote acute hospitals in Western Australia
  - 7 Medium hospitals and 1 Small remote acute hospital in South Australia
  - 1 Medium hospital in Tasmania
  - 3 Small remote acute hospitals in the Northern Territory.

- For 2011–12, the proportion of occasions of service in emergency departments reported to the NNAPEDCD was estimated to account for 84% of all emergency occasions of service in public hospitals.
• The data collection does not include care provided to admitted patients in emergency departments.

• Although there are national standards for data on non-admitted patient emergency department services there are some variations in how those services are defined and counted across states and territories and over time. For example, there is variation in:
  - the point at which the commencement of clinical care is reported
  - the point at which the emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.

• The quality of the data reported for Indigenous status has not been formally assessed; therefore, caution should be exercised when interpreting these data.

The list of public hospitals that contributed to the NNA PEDCD in 2011–12 is in Table A.S1, which accompanies this report online.

**Variation in reporting**

**Triage category**

The proportion of presentations by triage category varied by state and territory. New South Wales had the highest proportion of presentations that were Non-urgent (13.8%) and South Australia had the highest proportions of presentations that were Resuscitation or Emergency (1.2% and 12.2%, respectively) (Table A2). This may reflect different triage categorisation, differing mixes of patients or both.

<table>
<thead>
<tr>
<th>Triage category</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>0.6</td>
<td>0.5</td>
<td>0.8</td>
<td>0.7</td>
<td>1.2</td>
<td>0.5</td>
<td>0.4</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Emergency</td>
<td>9.5</td>
<td>9.1</td>
<td>11.5</td>
<td>11.2</td>
<td>12.2</td>
<td>7.7</td>
<td>10.9</td>
<td>7.4</td>
<td>10.1</td>
</tr>
<tr>
<td>Urgent</td>
<td>31.5</td>
<td>32.7</td>
<td>42.0</td>
<td>32.2</td>
<td>36.0</td>
<td>33.8</td>
<td>33.4</td>
<td>28.7</td>
<td>34.2</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>44.3</td>
<td>47.5</td>
<td>40.1</td>
<td>48.2</td>
<td>43.3</td>
<td>48.0</td>
<td>44.4</td>
<td>54.2</td>
<td>44.9</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>13.8</td>
<td>10.2</td>
<td>5.6</td>
<td>7.6</td>
<td>7.3</td>
<td>10.0</td>
<td>10.8</td>
<td>9.1</td>
<td>10.0</td>
</tr>
<tr>
<td>Total(a)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

(a) Includes emergency presentations for which the triage category was not reported.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on Emergency presentations by triage category and peer group for states and territories, see Table S5.1.

**Time of commencement of clinical care**

The data element Non-admitted patient emergency department service episode – service commencement time was revised in December 2009 (for implementation in the NMDS from the 2010–11 period) to include the commencement of service by ‘other health professionals’, where provided in accordance with established clinical pathways defined by the emergency department. Previously, the time of commencement of service was recorded only when service was commenced by a medical practitioner.

There is evidence that the adoption of the revised definition was not uniform across or within jurisdictions. Therefore, there is possible variation in the recording of the
time of ‘commencement of clinical care’ in emergency departments. As a consequence, this may have affected the calculation of waiting times and the proportion of patients who commenced clinical care within the clinically recommended time.

State and territory comments on variation in time of commencement of clinical care

For Victoria, the commencement of clinical care time is consistent with the current national definition and was implemented by the majority of hospitals for the 2010–11 period. However, a small number of hospitals may not have been able to report consistently against the definition during 2010–11 and for part of the 2011–12 reporting period.

For Western Australia, metropolitan hospitals follow the previous NAPED NMDS definition of service commencement date/time, not clinical care commencement date/time; where only times that care is commenced by a doctor or nurse practitioner are able to be included. For rural hospitals the calculation of service commencement date/time is the earlier of ‘time seen by doctor’ or ‘time seen by nurse’. Western Australia is working towards the current definition of time of ‘commencement of clinical care’; including identification of valid clinical pathways to ensure that an appropriate date/time is being collected. Work is also progressing on development of the data collection systems to enable capture of a clinical care commencement date/time for clinicians other than a doctor or nurse practitioner.

The South Australian Department for Health and Ageing has advised that the current national definition has been implemented in South Australian public hospitals.

The Tasmanian Department of Health and Human Services has advised that the current national definition has been implemented in Tasmanian public hospitals.

The Australian Capital Territory Health Directorate has advised that the current national definition has been implemented in public hospitals in the Australian Capital Territory.

For the Northern Territory, hospitals are only able to record the time that care is commenced by a doctor.

National Elective Surgery Waiting Times Data Collection

The NESWTDC is based on the Elective surgery waiting times (removals data) National Minimum Data Set. It contains records for patients added to and/or removed from waiting lists for elective surgery that are managed by public acute hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.

For 2011–12, the data collection covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared to other hospitals.

For 2011–12, the proportion of public hospital elective surgery covered by the NESWTDC was estimated to be 97%.
Summary of key issues

- For 2010–11 and 2011–12, Victoria’s data does not include the Albury Base Hospital as the data were not available.

- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.

- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.

- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.

- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting ‘staged’ procedures (such as follow-up care, cystoscopy or the removal of pins or plates), that may result in statistics that are not meaningful or comparable between or within jurisdictions.

The list of public hospitals that contributed to the NESWTDC in 2011–12 is in Table A.S1, which accompanies this report online.

Variation in reporting

Clinical urgency categorisation

Data in this report are not presented by clinical urgency category. The apparent lack of comparability of clinical urgency categories among jurisdictions may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.

In 2011–12, the proportion of patients admitted from elective surgery waiting lists who were assigned a clinical urgency category of Category 1 was 23% for Western Australia and 41% for the Victoria. The proportion of patients admitted that were Category 3 was 14% in Queensland and 43% in New South Wales (Table A3).
Table A3: Number of admissions(a) from waiting lists for elective surgery, by clinical urgency category, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number admitted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1(b)</td>
<td>52,113</td>
<td>46,763</td>
<td>47,046</td>
<td>19,206</td>
<td>17,666</td>
<td>6,148</td>
<td>3,449</td>
<td>2,813</td>
<td>195,204</td>
</tr>
<tr>
<td>Category 2(c)</td>
<td>68,028</td>
<td>72,360</td>
<td>51,262</td>
<td>28,527</td>
<td>21,725</td>
<td>6,966</td>
<td>5,515</td>
<td>3,003</td>
<td>257,386</td>
</tr>
<tr>
<td>Category 3(d)</td>
<td>91,311</td>
<td>34,956</td>
<td>16,020</td>
<td>34,076</td>
<td>25,795</td>
<td>2,688</td>
<td>2,398</td>
<td>1,437</td>
<td>208,681</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>211,452</td>
<td>154,079</td>
<td>114,328</td>
<td>81,809</td>
<td>65,186</td>
<td>15,802</td>
<td>11,362</td>
<td>7,253</td>
<td>661,271</td>
</tr>
<tr>
<td><strong>Per cent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1(b)</td>
<td>25</td>
<td>30</td>
<td>41</td>
<td>23</td>
<td>27</td>
<td>39</td>
<td>30</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>Category 2(c)</td>
<td>32</td>
<td>47</td>
<td>45</td>
<td>35</td>
<td>33</td>
<td>44</td>
<td>49</td>
<td>41</td>
<td>39</td>
</tr>
<tr>
<td>Category 3(d)</td>
<td>43</td>
<td>23</td>
<td>14</td>
<td>42</td>
<td>40</td>
<td>17</td>
<td>21</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

(a) Records with a reason for removal of ‘Admitted as an elective patient for the awaited procedure in this hospital or another hospital’ or ‘Admitted as an emergency patient for the awaited procedure in this hospital or another hospital’.
(b) Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
(c) Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.
(d) Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

**Apparent variation in recording elective surgery waiting times for staged procedures**

Currently all states and territories provide elective surgery waiting times data to the AIHW based on the NMDS for Elective Surgery Waiting Times. The NMDS includes metadata which describes ‘staged’ patients as those ‘whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time’.

The AIHW has noted some apparently atypical recording practices for waiting times for elective surgery for staged patients in some public hospitals, mostly in New South Wales. For those hospitals, there were a relatively large number of records with a clinical urgency category of 3 and admitted within 5 days for 2011–12. Patients assigned a clinical urgency category of 3 typically have longer waits than patients assigned clinical urgency category 1 (admission within 30 days desirable) or category 2 (admission within 90 days desirable).

The apparent atypical reporting practices could reflect differing waiting list practices for patients awaiting staged procedures. For most staged patients, it appears that they are put on the waiting list (or reassigned to ‘ready for care’) when they are clinically ready for care, and they then wait for a date to be assigned for their surgery. However, for others, the data appear to reflect patients (once becoming clinically ready for care) only being put on the waiting list at the time that a date is assigned for their surgery.

More detailed information on this apparent variation was presented in *Australian hospital statistics 2011–12: elective surgery waiting times* (AIHW 2012d).
National *Staphylococcus aureus* bacteraemia Data Collection (NSABDC)

The NSABDC includes counts of cases of *Staphylococcus aureus* bacteraemia (SAB) for each public hospital covered by SAB surveillance arrangements, and for private hospitals that choose to provide data. The data for public hospitals are collected in the hospital infection control arrangements by state and territory health authorities. Data on methicillin resistant and methicillin sensitive SAB (MRSA and MSSA) cases for public hospitals are reported separately at a state or territory level.

Data from the NSABDC are used for the NHA performance benchmark and performance indicator about safety and quality in hospital and related care.

If a case is associated with care provided in another jurisdiction, then it may be reported (where known) by the jurisdiction where the care associated with the SAB occurred.

Almost all cases of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that cases are reported whether they were determined to be associated with admitted patient care or non-admitted patient care in public hospitals.

The count of patient days reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

**Summary of key issues**

- The NSABDC is a data set that includes counts of cases of SAB for each public hospital covered by SAB surveillance arrangements, and for private hospitals that choose to provide data.
- Cases of SAB have been reported by all states and territories using the nationally agreed case definition.
- There may be imprecise exclusion of some SAB cases due to the inherent difficulties in determining the origins of SAB episodes, such as those originating from private hospitals and non-hospital settings.
- For some states and territories there is less than 100 per cent coverage of public hospitals.
Appendix B: Technical appendix

This appendix covers:

- definitions and classifications used
- the presentation of data in this report
- information on the quality of the data, for specific analyses (where this may affect interpretation)
- analysis methods.

Definitions

If not otherwise indicated, data elements were defined according to the definitions in the National health data dictionary, version 16 (NHDD) (AIHW 2012f) (summarised in the Glossary).

Data presentation

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions are for tables presenting information on potentially preventable hospitalisations and selected procedures, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in Chapter 7.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Suppression of data

Other exceptions relate to tables in which data were not published for confidentiality reasons (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful.

Private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where:

- there are fewer than three reporting units
- there are three or more reporting units and one contributed more than 85% of the total separations, or
- there are three or more reporting units and two contributed more than 90% of the total separations.

Data on the length of stay have been suppressed if there were fewer than 10 separations in the category being presented (50 separations for the average length of
stay by selected Australian Refined Diagnosis Related Groups (AR-DRG) analysis in Chapter 3). Data on elective surgery waiting times were suppressed if there were fewer than 10 elective surgery admissions in the category being presented. The abbreviation ‘n.p.’ has been used in these tables to denote these suppressions. For these tables, the totals include the suppressed information.

**State or territory of usual residence**

For tables presented by the state or territory of usual residence of the patient, the totals include unknown residence area (within a known state), overseas residents and unknown state of residence.

**Population rates**

**Standardised separation rate**

Unless noted otherwise (see below), population rates (separation rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the standard population against which expected rates were calculated. The Australian Bureau of Statistics’ population estimates for 30 June 2011 and for 31 December 2011 (see tables B.S1 to B.S3 accompanying this report online) were used for the observed rates as detailed below:

- Separation rates (by hospital state and by residence state) were directly age-standardised, using the estimated resident populations as at 30 June 2011. The estimated resident populations use a highest age group of 85 and over.
- Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2011 and the estimated resident populations as at 30 June 2011. As the projected estimates use a highest age group of 65 and over and population data for June 2011, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.
- Separation rates by remoteness areas and by quintiles of socioeconomic advantage/disadvantage (see SEIFA below) were directly age-standardised, using the estimated resident populations as at 30 June 2011. The estimated resident populations use a highest age group of 85 and over.
- The crude population rates presented in some tables (for example, average available beds per 1,000 population) were calculated using the population estimates for 31 December 2011.

**Standardised separation rate ratios**

For some tables reporting comparative separation rates, standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). The calculation is as follows:

\[
\text{Standardised separation rate ratio (SRR)} = \frac{\text{observed rate}}{\text{expected rate}}
\]
A standardised separation ratio of 1.0 indicates that the population of interest (for example, Indigenous Australians) had a separation rate similar to that of the comparison group (for example, other Australians). An SRR of 1.2 indicates that the population of interest had a rate that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller.

The populations used for the observed and expected rates vary in this report, for example:

- For Indigenous status, the rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians (other Australians includes Indigenous status not reported).
- For analyses by residence state or territory, remoteness areas and socioeconomic status of area of residence, the rate ratio is equal to the separation rate for the residence state or territory, remoteness area or socioeconomic status group divided by the separation rate for Australia.

**Median and 90th percentiles**

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for days (or minutes) waited) represents the amount of time within which 50% of patients were admitted (or commenced clinical care); half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of days (or minutes) within which 90% of patients were admitted (or commenced clinical care).

The 50th percentile and 90th percentile waiting times are calculated using an empirical distribution function with averaging. Using this method, observations are sorted in ascending order.

The calculation is where:

- \( n \) is the number of observations and
- \( p \) is the percentile value divided by 100,

then \( n \times p = i + f \) (where \( i \) is an integer and \( f \) is the fractional part of \( n \times p \)).

If \( n \times p \) is an integer, then the percentile value will correspond to the average of the values for the \( i^{th} \) and \( (i+1)^{th} \) observations.

If \( n \times p \) is not an integer, then the percentile value will correspond to the value for the \( (i+1)^{th} \) observation.

For example, if there were 100 observations, the median waiting time will correspond to the average waiting time for the 50th and 51st observations (ordered according to waiting time). Similarly, the 90th percentile will correspond to the average waiting time for the 90th and 91st observations if there are 100 observations.

If there were 101 observations, then the median waiting time will correspond to the waiting time for the 51st observation and the 90th percentile waiting time will correspond to the waiting time for the 91st observation.

The 50th and 90th percentiles have been rounded to the nearest whole number of days or minutes.
Counting public hospitals

Two different counts of hospitals are used in this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database (NHMD) and the National Public Hospital Establishments Database (NPHED) (Table B1):

- In the cost per casemix-adjusted separation analysis (Chapter 3), entities for which there was expenditure information were reported as hospitals. A small number of hospitals in the NPHED with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were available only for these networks, so the networks are the entities counted as hospitals for these tables.

- In Chapter 4, hospitals are generally counted as they were reported to the NPHED. These entities are usually ‘physical hospitals’ (buildings or campuses) but may encompass some outpost locations such as dialysis units. Conversely hospitals on the one ‘campus’ can be reported as separate entities to this database if, for example, they are managed separately and have separate purposes, such as specialist women’s services and specialist children’s services. Although most of the hospitals counted in this way report separations to the NHMD, some small hospitals do not have separations every year.

Table B1: Numbers of public hospitals reported in this report, states and territories, 2011–12

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 3</td>
<td>225</td>
<td>104</td>
<td>170</td>
<td>96</td>
<td>80</td>
<td>23</td>
<td>3</td>
<td>3</td>
<td>706</td>
</tr>
<tr>
<td>(expenditure data)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 4</td>
<td>225</td>
<td>151</td>
<td>170</td>
<td>96</td>
<td>80</td>
<td>23</td>
<td>3</td>
<td>3</td>
<td>753</td>
</tr>
<tr>
<td>(a) The count of hospitals for the Australian Capital Territory includes a small mothercraft hospital for which admitted patient data were not reported. The expenditure for this hospital is included in the total reported for the Australian Capital Territory in Chapter 4, but is not included in the cost per casemix-adjusted separation analysis presented in Chapter 3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

Counts of private hospitals can also vary, depending on the source of the information. Therefore, there may be discrepancies between counts of private hospitals from the ABS Private Health Establishments Collection and the lists of private hospitals contributing to the NHMD (which are the basis of the numbers presented in Chapter 4). The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.
Non-admitted patient emergency department care data analyses

Estimated proportion of emergency services
The estimated proportion of emergency occasions of service covered by the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) data is calculated as the number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED, as a percentage.

Waiting time statistics calculations
Patients who present to the emergency department with a type of visit of Return visit, planned, Pre-arranged admission or Patient in transit do not necessarily undergo the same processes as Emergency presentations, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the proportion ending in admission) are not presented for patients with a type of visit other than Emergency presentation.

Waiting time to commencement of clinical care
The waiting times are determined as the time elapsed between presentation in the emergency department and the commencement of clinical care. The calculation is restricted to presentations with a type of visit of Emergency presentation. In addition, presentations were excluded if the waiting time was missing or invalid or the patient Did not wait to be attended by a health care professional, or was Dead on arrival.

Approximately 48,000 records for which a valid waiting time could not be calculated due to missing or incorrect values (for example, for time of presentation or commencement of clinical care) were not used to derive waiting time statistics.

The 50th percentile represents the amount of time within which 50% of patients commenced clinical care; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of minutes within which 90% of patients commenced clinical care.

Proportion of presentations seen on time
The proportion of presentations seen on time was determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition. The calculation is restricted to presentations with a type of visit of Emergency presentation. In addition, presentations were excluded if the waiting time was missing or invalid, the patient Did not wait to be attended by a health care professional, or was Dead on arrival, or the triage category was Not reported.

Emergency department length of stay statistics calculations
Length of stay statistics are calculated for all emergency department Type of visit categories.
Waiting time for admission
The length of stay is determined as the time elapsed between presentation and the physical departure of the patient.

Proportion of emergency department presentations completed in 4 hours or less
The proportion of presentations completed in 4 hours or less is determined as the proportion of all emergency presentations with time elapsed between the presentation and the physical departure of the patient of less than or equal to 240 minutes.

Presentations were excluded if either (or both) of the presentation date/time or physical departure date/time were missing or invalid, or if the calculation resulted in an invalid length of stay (that is, missing or negative number of minutes).

Proportion of presentations ending in admission
The proportion of presentations ending in admission is determined as the proportion of all emergency presentations with an episode end status of Admitted to this hospital. The calculation is restricted to presentations with a type of visit of Emergency presentation.

Admitted patient care data analyses
Records for 2011–12 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2011 to 30 June 2012. Data on patients who were admitted on any date before 1 July 2011 are included, provided that they also separated between 1 July 2011 and 30 June 2012. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the NHMD.

Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. As the database contains records for patients separating from hospital during the reporting period (1 July 2011 to 30 June 2012), this means that not all patient days reported will have occurred in that year. It is expected, however, that patient days for patients who separated in 2011–12, but who were admitted before 1 July 2011, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2012 who will separate in future reporting periods.

The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported. Information on some aspects of the quality and comparability of the data are presented below.

The notes above and those in Box 7.1 should be used to guide interpretation of the data.

Newborn episodes of care
Newborn care episodes can include ‘qualified days’ which are considered to be the equivalent of acute care days. In this report, Newborn episodes with at least one qualified day have been included in all tables reporting separations. Records for
Newborn episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 7.

The number of patient days reported in this publication for Newborn episodes is equal to the number of qualified days, so for newborns with a mixture of qualified and unqualified days the number of patient days reported is less than the actual length of stay for the episode.

For 2011–12:

- New South Wales reported over 36,000 separations for Newborn care with qualified days. This was an increase of 133% compared with the number of separations reported for this care in 2010–11.
- The private hospital in the Northern Territory reported separations for Newborn episodes with qualified days that may not have involved qualified care.

Information on reporting practices for Newborn episodes before 2011–12 is available in previous Australian hospital statistics reports.

Counts of separations by groups of diagnoses, procedures and external causes

For tables with counts of separations by groups of diagnoses, procedures or external causes, a separation is counted once for the group if it has at least one diagnosis/procedure/external cause reported within the group. As more than one diagnosis, procedure or external cause can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Counts of procedures

For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation.

Broad categories of service

Separations have been categorised as Childbirth, Specialist mental health, Medical, Surgical or Other based mainly on the AR-DRG recorded for the separation:

- **Childbirth**: separations for which the AR-DRG was associated with childbirth (does not include newborn care). Includes separations for childbirth for which specialised psychiatric care days were reported.
- **Specialist mental health**: separations for which specialised psychiatric care days were reported. Excludes separations for Childbirth that also reported specialised psychiatric care days.
- **Surgical**: separations for which the AR-DRG belonged to the Surgical partition (involving an operating room procedure), excluding separations for Childbirth and Specialist mental health.
- **Medical**: separations for which the AR-DRG belonged to the Medical partition (not involving an operating room procedure), excluding separations for Childbirth and Specialist mental health.
Other: separations for which the AR-DRG did not belong to the Surgical or Medical partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for Childbirth and Specialist mental health.

For Chapter 7, broad categories of service are presented for standard admitted patient care data analyses. For chapters 8, 9, and 10, broad categories of service are presented for acute admitted patient care data analyses.

**Standard admitted patient care data analyses**

For chapters 7 and 2, the counts of separations do not include separations for Newborns (without qualified days) and records for Hospital boarders or Posthumous organ procurement, and the patient days are also not included for those records. In addition, patient days for Newborns that were not qualified days are excluded from the counts of patient days. For more information on these exclusions, see below.

**Acute admitted patient care data analyses**

For chapters 8, 9 and 10, and for tables in other chapters that include AR-DRGs and/or cost weight information, separations are included only for Acute care, Newborns (with qualified days) or where care type was not reported. Patient days for Newborns that were not qualified days are excluded from the counts of patient days.

**Same-day acute admitted patient care data analyses**

For Chapter 8, records are included if the patient had a care type of Acute, Newborn (with qualified days), or the care type was not reported, and the patient was admitted and separated on the same date.

As a separation may be generated by a transfer between hospitals, or a change in the type of care provided, these data may include records for patients whose stay in hospital was longer than one day but involved more than one separation.

**Overnight acute admitted patient care data analyses**

For Chapter 9, records are included if the patient had a care type of Acute, Newborn (with qualified days), or the care type was not reported, and the patient was admitted and separated on different dates.

**Separations involving surgery**

For Chapter 10, separations involving surgery are defined as acute separations with a ‘surgical procedure’ reported, based on the procedures used to define ‘surgical’ AR-DRGs in AR-DRG version 6.0x (DoHA 2010). Separations for Specialist mental health care and Childbirth were excluded (see Chapter 10).

Separations involving surgery are further disaggregated in Chapter 10 based on the reported urgency of admission as:

- Emergency admissions involving surgery – includes separations for which the urgency of admission was reported as Emergency (about 295,000 records nationally).
- Elective admissions involving surgery – includes separations for which the urgency of admission was reported as Elective (about 2.0 million records nationally).
Separations involving surgery for which the urgency of admission was *Not assigned* or not reported are only included in the first table of Chapter 10 (about 27,000 records nationally).

**Sub- and non-acute admitted patient care data analyses**

For Chapter 11, records are included if the patient had a care type of *Rehabilitation care, Palliative care, Geriatric evaluation and management, Psychogeriatric care* or *Maintenance care*. It includes both same-day and overnight separations for sub- and non-acute care.

**Public patient analyses**

For *Australian hospital statistics* from 2002–03 to 2007–08, ‘Patient election status’ and ‘Funding source’ were used in combination to categorise separations as *Public patients* and *Private patients* as described in Appendix 1 of *Australian hospital statistics 2007–08* (AIHW 2009).

From 2008–09, the funding source for the separation has been presented alone. Throughout this report, the category *Public patients* includes separations for which the funding source was reported as:

- Medicare eligible public patients, not charged (see below)
- *Reciprocal health care agreements*
- *No charge raised* in public hospitals
- *Other hospital or public authority* with a patient election status of *Public* (regardless of hospital sector).

It should be noted that although the funding source *Australian Health Care Agreements* was a value in the NHDD definition for ‘Principal source of funds’ for 2011–12, the Australian Health Care Agreements expired on 30 June 2009. This value is interpreted as the patient being Medicare eligible, elected to be treated as a public patient and was not charged.

In tables presenting information by funding source, the category *Other* includes separations for which the funding source was reported as:

- *Other compensation*
- *Department of Defence*
- *Correctional facility*
- *Other hospital or public authority* with a patient election status of *Private* (or not reported)
- *No charge raised* (in private hospitals)
- *Other.*

**ICD-10-AM codes used for selected analyses**

A number of tables in this report use ICD-10-AM/ACHI codes to define diagnoses and procedures. The codes are presented in tables B.S4 to B.S8 accompanying this report online and relate to:

- adverse events (Chapter 3)
- unplanned/unexpected readmissions (Chapter 3)
- selected procedures (Chapter 3)
• selected AR-DRGs (Chapter 3)
• potentially preventable hospitalisations (Chapter 7).

National elective surgery waiting times data analyses

Estimated coverage of elective surgery
The estimated proportion of elective surgical separations covered by the National Elective Surgery Waiting Times Data Collection (NESWTDC) data is calculated as the number of elective admissions reported to the NESWTDC divided by the number of elective surgical separations (separations with an Elective urgency of admission and a Surgical AR-DRG) reported to the NHMD, as a percentage.

Elective surgery care and elective surgical separations
The definition of elective surgery care for the purposes of the NESWTDC, and the definition of separations described as elective admissions involving surgery in the NHMD differ. In particular, the procedures defined as surgical differ between those used to define the scope of the NESWTDC and those used to define surgical separations in the NHMD.

For the NESWTDC, elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (AIHW 2012f).

Median and 90th percentile waiting times
The waiting times data presented in this report are for patients who complete their wait and are admitted for their surgery as either an elective or emergency admission. In previous reports this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data reported in previous years.

The 50th percentile represents the number of days within which 50% of patients were admitted for the awaited surgery; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of days within which 90% of patients were admitted for the awaited surgery.

Expenditure and revenue
Constant prices
Constant price expenditure adjusts current prices for the effects of inflation, that is, it aims to remove the effects of inflation. Hence, expenditures in different years can be compared on a dollar–for–dollar basis, using this measure of changes in the volume of health goods and services.

Constant price estimates for expenditure aggregates have been derived in terms of prices in the reference year 2011–12 with the ABS Government Final Consumption Expenditure, State and Local–Hospitals & Nursing Homes deflator used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.
Public hospital peer groups

The AIHW worked with the National Health Ministers’ Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. This classification is currently under review.

The peer groups were designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity and geographical location. Selected characteristics of the hospitals assigned to each peer group for 2011–12 are presented in chapters 3 and 4. The peer group names are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table B2. Details of the derivation of the peer groups are in Appendix 11 of Australian hospital statistics 1998–99 (AIHW 2000).

A flow chart can be found in Australian hospital statistics 2002–03 (Figure A4.1 in that report) (AIHW 2004) to illustrate the assignment of peer groups for almost all hospitals. However, on the advice of jurisdictions, hospitals may be assigned a different peer group due to special circumstances, such as the opening or closing of a hospital during the year.

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present emergency department presentations data in Chapter 5 and elective surgery waiting times data in Chapter 10. They have also been used to specify the scopes for national minimum data sets (NMDSs), for example, as noted in Appendix A for the NMDSs for Non-admitted patient emergency department care and Outpatient care.

The peer group to which each public hospital was assigned for 2011–12 is included in Table A.S1 (accompanying this report online). In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in chapters 3 and 4. In these cases, their peer groups may also differ, and these differences are indicated in Table A.S1.

The peer groups are currently under review.
<table>
<thead>
<tr>
<th>Peer group</th>
<th>Subgroup</th>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal referral and specialist women’s and children’s hospitals</td>
<td>Principal referral</td>
<td>A1</td>
<td>Major city hospitals with &gt;20,000 acute casemix-adjusted separations, and Regional hospitals with &gt;16,000 acute casemix-adjusted separations per annum.</td>
</tr>
<tr>
<td></td>
<td>Specialist women’s and children’s</td>
<td>A2</td>
<td>Specialised acute women’s and children’s hospitals with &gt;10,000 acute casemix-adjusted separations per annum.</td>
</tr>
<tr>
<td>Large hospitals</td>
<td>Major city</td>
<td>B1</td>
<td>Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.</td>
</tr>
<tr>
<td></td>
<td>Regional and Remote</td>
<td>B2</td>
<td>Regional acute hospitals treating &gt;8,000 acute casemix-adjusted separations per annum, and Remote hospitals with &gt;5,000 casemix-adjusted separations.</td>
</tr>
<tr>
<td>Medium hospitals</td>
<td>Group 1</td>
<td>C1</td>
<td>Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>C2</td>
<td>Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating &lt;2,000 casemix-adjusted separations per annum but with &gt;2,000 separations per annum.</td>
</tr>
<tr>
<td>Small acute hospitals</td>
<td>Regional</td>
<td>D1</td>
<td>Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating &lt;2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.</td>
</tr>
<tr>
<td></td>
<td>Remote</td>
<td>D3</td>
<td>Small Remote hospitals (&lt;5,000 acute casemix-adjusted separations but not ‘multi-purpose services’ and not ‘small non-acute’). Most are &lt;2,000 separations.</td>
</tr>
<tr>
<td>Sub-acute and non-acute hospitals</td>
<td>Small non-acute</td>
<td>D2</td>
<td>Small non-acute hospitals, treating &lt;2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.</td>
</tr>
<tr>
<td></td>
<td>Multi-purpose services</td>
<td>E2</td>
<td>For example, geriatric treatment centres combining rehabilitation and palliative care, with a small number of acute patients.</td>
</tr>
<tr>
<td></td>
<td>Hospices</td>
<td>E3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rehabilitation</td>
<td>E4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mothercraft</td>
<td>E5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other non-acute</td>
<td>E9</td>
<td></td>
</tr>
<tr>
<td>Unpeered and other hospitals</td>
<td>G</td>
<td></td>
<td>Prison medical services, dental hospitals, special circumstance hospitals, Major city hospitals with &lt;2,000 acute casemix-adjusted separations, hospitals with &lt;200 separations etc.</td>
</tr>
<tr>
<td>Psychiatric hospitals</td>
<td>F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 3.*
Quality of Indigenous status data

Indigenous identification in hospital separations data: 2013 quality report


The results of the study indicated that, overall, the quality of Indigenous identification in hospital separations data was similar to that achieved in the previous study (AIHW 2010). However, the 2011–12 survey was performed on larger samples for each jurisdiction/region and is therefore considered more robust than the previous study.

The report recommends that the data for all jurisdictions are used in analysis of Indigenous hospitalisation rates, for hospitalisations in total in national analyses of Indigenous admitted patient care for data from 2010–11 onwards.

Based on the results of the survey data a correction factor of 1.09 was calculated, suggesting that the ‘true’ number of Indigenous persons should be about 9% higher than indicated in the hospital record. The correction factor is calculated based on a number of possible variables including over-identification or under-identification of Indigenous persons in the hospital record.

Quality in 2011–12

The following information has been provided by the states and territories to provide some additional insight into the quality of Indigenous status data in the hospitals data provided to the AIHW.

New South Wales

The New South Wales Ministry of Health (NSW) noted that NSW had achieved an overall weighted completeness of 80% for Indigenous identification in 2011–12. The low level of completeness for hospitals in major cities (67% compared with 98% in remote areas) revealed that education in Indigenous status data collection should be focused on hospital staff in urban areas. NSW’s Data Quality Audit and Assurance Program revealed that individual Local Health Districts have initiated, and are delivering, their own comprehensive programs to staff on cultural sensitivity and innovative methods of Indigenous data collection.

Indigenous status is a mandatory data item collected at all facilities that provide data for the New South Wales Emergency Department Data Collection (EDDC). Local Health Districts undertake regular audits on Aboriginal and Torres Strait Islander identification in the EDDC. NSW believes that Indigenous status data in the EDDC are of an acceptable quality.

NSW includes Indigenous status when collecting data for elective surgery waiting times (ESWL). NSW believes that Indigenous status data in the ESWL collection are of an acceptable quality.

Victoria

The Victorian Department of Health reports that Indigenous status data for 2011–12 is of an adequate standard for reporting, but should still be considered to under-count
the number of Aboriginal and Torres Strait Islander patients. There is a continued effort to improve the quality of this data element through data validation processes and communication channels.

Queensland
The Queensland Department of Health noted that for 2011–12, Indigenous status was reported as ‘not stated’ for 4.0% of admitted patient separations (1.1% of public hospital separations and 7.2% of private hospital separations). The level of non-reporting of Indigenous status has continued to improve for both public and private hospitals compared to the previous financial years.

Queensland Department of Health advised that improving the completeness and coverage of Indigenous status reporting has been a key performance indicator for Queensland hospitals for the past three years.

Western Australia
The Western Australian Department of Health regards its Indigenous status data as being of good quality, with 99.5% of cases having a valid Indigenous status reported in 2011–12. A recent sample survey concluded that Western Australia was collecting Indigenous status with a high degree of accuracy.

South Australia
South Australia considers the quality of Indigenous status data to be acceptable for reporting and analysis purposes. The department contracted the Australian Bureau of Statistics to develop a training package for the collection of Indigenous identifier aimed at frontline staff in hospitals and other healthcare units. The package is based on the best practice guidelines developed by the AIHW. A state-wide training program was completed in 2011. More than 430 staff attended training sessions in 40 locations spread throughout the state. A second training program commenced in late 2012 and is expected to be completed by mid-2013.

Tasmania
The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, are of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory
The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory
The Northern Territory Department of Health participated in the national review of the quality of demographic data, coordinated by AIHW, in 2011. Indigenous status was found to be accurately recorded in 98% of admitted patients, consistent with findings from previous surveys in 1997 and 2008. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person’s most recently reported Indigenous status.
Data on geographical location

Data on geographical location are collected on hospitals in the NPHED and on the area of usual residence of patients in the NHMD and the NAPEDCD. These data have been provided as state or territory and Statistical Local Area (SLA), a small area unit within the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification (ASGC) and/or postcode, and have been aggregated to remoteness areas.

Geographical location of hospital

The remoteness area of each public hospital was determined on the basis of its SLA. For 2011–12, the geographical location aligns with the ABS’s ASGC Remoteness Structure 2006. Data on the remoteness area of hospitals are presented in Chapter 4.

The ABS’s ASGC Remoteness Structure 2006 categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>. The classification is as follows:

- Major cities
- Inner regional
- Outer regional
- Remote
- Very remote.

Geographical location of usual residence of the patient

Information on the area of usual residence of the patient is supplied by the states and territories for the NHMD and the NNAPEDCD. The NHDD specifies that these data should be provided as the state or territory and the SLA of usual residence. Not all states and territories were able to provide information on the area of usual residence in the form of an SLA code. Most states and territories were able to provide SLA codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction. South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction.

Where necessary, the AIHW mapped the supplied area of residence data for each separation or emergency department presentation to 2011 SLA codes and to remoteness area categories based on the ABS’s ASGC Remoteness Structure 2006. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, remoteness areas and SLAs (for 2010 and previous years).

Because of the probabilistic nature of this mapping, the SLA and remoteness area data for individual records may not be accurate; however, the overall distribution of records by geographical areas is considered useful.

For the NHMD, most separations included data on the area of usual residence. The mapping process identified some missing or invalid codes, but about 99.5% of records were assigned 2011 SLA codes. For the remaining 0.5% of records, about 50% were for overseas residents, 8% were of no fixed abode, and the remainder not reported.
For the NNAPECD, most presentations included data on the area of usual residence with about 98.7% of records assigned 2011 SLA codes. For the remaining 1.3% of records, about 59% were for overseas residents, 3% were of no fixed abode, and the remainder not reported.

**Remoteness area of usual residence**

Data based on the area of usual residence for admitted patients are presented by remoteness area in chapters 3, 4, 7, 8, 9, 10 and 11.

The data presented in this report by remoteness areas using the ABS’s ASGC Remoteness Structure 2006 are not comparable to the data presented by remoteness areas using the ABS’s ASGC Remoteness Structure 2001 in *Australian hospital statistics* reports for 2001–02 to 2005–06 because of differences in the underlying calculation of the Accessibility/Remoteness Index of Australia (ARIA) scores used to determine remoteness areas. Therefore, caution should be used when making comparisons over time as the remoteness areas categories presented are not directly comparable.

**Socioeconomic status**

The Socio-Economic Indexes For Areas 2006 (known as SEIFA 2006 (ABS 2008)) are generated by the ABS using a combination of 2006 Census data such as income, education, health problems/disability, access to Internet, occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census collection districts. However, they are also compiled for higher levels of aggregation including SLA. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Socio-Economic Disadvantage is one of the ABS’s SEIFA indexes. The relative disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Separation rates by socioeconomic status were generated by the AIHW using the ABS Index of Relative Socio-Economic Disadvantage (IRSD) scores for the SLA of usual residence of the patient reported for each separation. The 1 – *Lowest SES* group represents the areas containing the 20% of the population with the most disadvantage, and the 5 – *Highest SES* group represents the areas containing the 20% of the population with the least disadvantage.
The following labels for each socioeconomic group have been used throughout the report:

<table>
<thead>
<tr>
<th>Label</th>
<th>Socioeconomic status group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1—Lowest</td>
<td>Most disadvantaged</td>
</tr>
<tr>
<td>2</td>
<td>Second most disadvantaged</td>
</tr>
<tr>
<td>3</td>
<td>Middle</td>
</tr>
<tr>
<td>4</td>
<td>Second least disadvantaged</td>
</tr>
<tr>
<td>5—Highest</td>
<td>Least disadvantaged</td>
</tr>
</tbody>
</table>

**ICD-10-AM/ACHI**

Diagnosis, procedure and external cause data for 2011–12 were reported to the NHMD by all states and territories using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010), incorporating the *Australian classification of health interventions* (ACHI).

The tables and figures presented in chapters 7, 8, 9, 10 and 11 use the codes and abbreviated descriptions of the ICD-10-AM/ACHI classification. Full descriptions of the categories are available in the ICD-10-AM publication (NCCH 2010).

**Diagnoses**

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4-character and 5-character codes.

Most of the information about principal diagnoses in chapters 7, 8, 9, 10 and 11 is presented using two methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters — these 20 groups provide information aggregated at the ICD-10-AM chapter level
- 3-character ICD-10-AM groupings — 1,674 categories describe the diseases at a specific level. Detailed information is presented for the 20 groupings with the highest number of separations. Summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>.

**External causes**

The external cause classification (Chapter 20 of ICD-10-AM) is hierarchical, consisting of 377 three-character categories. The information in Chapter 7 is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. Additional information on external causes of injury and poisoning, place of occurrence and activity when injured is available online at <www.aihw.gov.au/hospitals/>.
Procedures
One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions, so only some of the separation records include procedure data.

The procedure classification is divided into chapters by anatomical site, and within each chapter by a ‘superior’ to ‘inferior’ (head to toe) approach. These subchapters are further divided into more specific procedure blocks, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes.

The procedure information is presented using three methods of grouping procedures based on the ACHI procedure classification:

1. **ACHI procedure chapters** — these 20 groups provide information aggregated at the ACHI chapter level
2. **ACHI procedure blocks** — these 1,601 categories describe procedures at a specific level. Detailed information is presented for the 10 groups with the highest number of separations and summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>
3. **ACHI procedures** — there are over 6,300 individual procedures. Chapter 11 presents information for the most common procedures for sub- and non-acute care separations.

Changes affecting ICD-10-AM/ACHI classifications
The 7th edition of ICD-10-AM was implemented in Australian hospitals from 1 July 2010. Three major changes to the following Australian Coding Standards (ACS) occurred between the 6th and 7th editions of this classification:

1. Deletion of ACS 1505 *Single spontaneous vaginal delivery*.
3. Expansion of the instructional notes in ACS 0401 *Diabetes mellitus and Impaired glucose regulation* to emphasize that the assignment and sequencing of code(s) for diabetes mellitus or impaired glucose regulation should be determined by firstly following the criteria in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

Deletion of ACS 1505 *Single spontaneous vaginal delivery*
ACS 1505 instructed coders that the diagnosis code O80 *Single spontaneous delivery* was intended for single spontaneous vaginal deliveries without abnormality/complication classifiable elsewhere in Chapter 15 *Pregnancy, childbirth and the puerperium* and without manipulation or instrumentation (NCCH 2008).
The deletion of ACS 1505 as a specialty standard caused obstetric cases to be coded according to ACS 0001 *Principal Diagnosis* with the specific instruction for obstetrics that:

‘Where the patient is admitted for delivery such as ‘in labour’, ‘for induction’, ‘for caesarean’, and the outcome is delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis, followed by the reason for any intervention and then any other conditions and/or complications that meet the criteria for assignment as per ACS 0002 *Additional diagnoses.‘

These changes in the standards resulted in changes in principal diagnosis assignment for obstetric episodes of care associated with vaginal delivery.

For hospitals reporting with AR-DRG versions older than version 5.2, episodes with a principal diagnosis of O80 *Single spontaneous delivery* or O83 *Other assisted delivery* would result in either an ‘error DRG’ (for versions 4.1/4.2) or a less specific AR-DRG in version 5.1, which affected private hospital funding arrangements.

Private hospitals in most states and territories delayed the implementation of reporting obstetrics according to the ICD-10-AM 7th edition coding standards until a solution was able to be implemented in the grouping of these records.

**Effect on reporting**

From 1 July 2010, public hospitals implemented the change in obstetric coding standards and this was reflected in comparable numbers of separations being reported for the obstetric principal diagnoses O80 to O84 during the first and second halves of 2010–11. The numbers of separations for the obstetric principal diagnoses O80 to O84 reported by public hospitals in 2011–12 were similar to those reported in 2010–11.

However, implementation by some private hospitals was delayed until the second half of the 2010–11 reporting period.

For private hospitals, the reporting of obstetric principal diagnoses O80 to O84 was twice as high during the second half of 2010–11 compared to the first half of 2010–11. In 2011–12, the levels of reporting obstetric principal diagnoses O80 to O84 for both July to December 2011 and January to June 2012, were similar to the second half of 2010–11 (Table B3). This suggested that the majority of private hospitals were coding obstetric cases according to ICD-10-AM 7th edition standards from the second half of 2010–11.
Table B3: Number of separations with obstetric\(^{(a)}\) principal diagnoses O80–O84, public and private hospitals 2010–11 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th>2010–11</th>
<th>2011–12</th>
<th>Change (per cent)</th>
<th>2010–11</th>
<th>2011–12</th>
<th>Change (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul-Dec</td>
<td>Jan-Jun</td>
<td>Total</td>
<td>Jul-Dec</td>
<td>Jan-Jun</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>2011</td>
<td></td>
<td>2010</td>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>Public hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O80 Single spontaneous delivery</td>
<td>60,555</td>
<td>62,115</td>
<td>122,670</td>
<td>57,950</td>
<td>60,618</td>
<td>118,568</td>
</tr>
<tr>
<td>O81 Single delivery by forceps and vacuum extractor</td>
<td>10,624</td>
<td>11,241</td>
<td>21,865</td>
<td>10,937</td>
<td>11,486</td>
<td>22,423</td>
</tr>
<tr>
<td>O82 Single delivery by caesarean section</td>
<td>25,786</td>
<td>27,644</td>
<td>53,430</td>
<td>26,768</td>
<td>27,304</td>
<td>54,072</td>
</tr>
<tr>
<td>O83 Other assisted single delivery</td>
<td>1,010</td>
<td>1,225</td>
<td>2,235</td>
<td>1,482</td>
<td>1,774</td>
<td>3,256</td>
</tr>
<tr>
<td>O84 Multiple delivery</td>
<td>1,283</td>
<td>1,354</td>
<td>2,637</td>
<td>1,319</td>
<td>1,411</td>
<td>2,730</td>
</tr>
<tr>
<td>Total public hospitals (O80–O84)</td>
<td>99,258</td>
<td>103,579</td>
<td>202,837</td>
<td>98,456</td>
<td>102,593</td>
<td>201,049</td>
</tr>
<tr>
<td>Private hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O80 Single spontaneous delivery</td>
<td>5,723</td>
<td>15,570</td>
<td>21,293</td>
<td>15,176</td>
<td>15,135</td>
<td>30,311</td>
</tr>
<tr>
<td>O81 Single delivery by forceps and vacuum extractor</td>
<td>3,366</td>
<td>5,773</td>
<td>9,139</td>
<td>5,775</td>
<td>6,021</td>
<td>11,796</td>
</tr>
<tr>
<td>O82 Single delivery by caesarean section</td>
<td>10,215</td>
<td>15,697</td>
<td>25,912</td>
<td>15,762</td>
<td>16,397</td>
<td>32,159</td>
</tr>
<tr>
<td>O83 Other assisted single delivery</td>
<td>51</td>
<td>194</td>
<td>245</td>
<td>202</td>
<td>204</td>
<td>406</td>
</tr>
<tr>
<td>O84 Multiple delivery</td>
<td>370</td>
<td>581</td>
<td>951</td>
<td>514</td>
<td>518</td>
<td>1,032</td>
</tr>
<tr>
<td>Total private hospitals (O80–O84)</td>
<td>19,725</td>
<td>37,815</td>
<td>57,540</td>
<td>37,452</td>
<td>38,275</td>
<td>75,727</td>
</tr>
<tr>
<td>All hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (O80–O84)</td>
<td>118,983</td>
<td>141,394</td>
<td>260,377</td>
<td>135,885</td>
<td>140,868</td>
<td>276,753</td>
</tr>
</tbody>
</table>

\(^{(a)}\) For separations with an AR-DRG of O01A Caesarean delivery with catastrophic or severe complications or comorbidities, O01B Caesarean delivery without catastrophic or severe complications or comorbidities, O02A Vaginal delivery with operating room procedure with catastrophic or severe complications or comorbidities, O02B Vaginal delivery with operating room procedure without catastrophic or severe complications or comorbidities or O60Z Vaginal delivery.
Revised instructional notes in ACS 0401 Diabetes mellitus and Impaired glucose regulation

ACS 0401 for Diabetes mellitus and Impaired glucose regulation has undergone many changes in the last few ICD-10-AM editions. The numbers of separations reporting any diagnosis for diabetes (E10–E14) between 2007–08 and 2011–12 are presented in Table B4.

For ICD-10-AM 5th edition (used 1 July 2006 to 30 June 2008), ACS 0401 instructed coders to fully describe all complications of diabetes mellitus.

The coding practice for classifying diabetes under ICD-10-AM 6th edition (used 1 July 2008 to 30 June 2010) was largely consistent with previous editions of ICD-10-AM. However, clarification of how the coding standard for additional diagnoses (ACS 0002) should be applied under ICD-10-AM 6th edition meant that conditions would only be coded as an additional diagnosis if they were ‘significant in terms of treatment required, investigations needed and resources used in each episode of care’. While this clarification resulted in a decrease in the number of conditions being coded as additional diagnoses for all separations, it had a particularly significant impact on the reporting of diabetes as an additional diagnosis for separations that involved a patient with diabetes.

The coding practice for classifying diabetes under ICD-10-AM 7th edition (from 1 July 2010) changed as a result of changes made to ACS 0401. The ACS changes resulted in a further decrease in the reporting of diabetes-related conditions between 2009–10 and 2010–11, due to the condition not meeting the criteria for being assigned as either a principal (ACS 0001) or additional diagnosis (ACS 0002).

During 2011, the National Casemix and Classification Centre’s (NCCC) ICD Technical Group (NCCC ITG) and the Diagnosis Related Group Technical Group (NCCC DTG) investigated the effect of the changes to diabetes coding and recommended that ‘when documented, diabetes mellitus should always be coded’. It was recommended that this change be implemented as soon as possible, and was formally to be introduced on 1 July 2012. The NCCC conducted education about the change to the standard during early 2012.

Effect on reporting

Between 2007–08 and 2008–09, the numbers of diagnoses reported for diabetes and impaired glucose regulation (E09–E14) decreased by 38%, from 903,000 diagnoses in 2007–08 to 559,000 diagnoses in 2008–09 (Table B4).

Between 2009–10 and 2010–11, the numbers of diagnoses reported for diabetes and impaired glucose regulation (E09–E14) decreased by a further 38% from 533,000 diagnoses in 2009–10 to 330,000 diagnoses in 2010–11.

Between 2010–11 and 2011–12, there were increases in the numbers of diagnoses reported for diabetes (E10–E14) that may be unrelated to coding changes.
### Table B4: Diabetes mellitus and impaired glucose regulation, reporting 2007–08 to 2011–12

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E09</td>
<td>4,241</td>
<td>2,471</td>
<td>2,184</td>
<td>1,393</td>
<td>1,382</td>
<td>–41.7</td>
</tr>
<tr>
<td>E10</td>
<td>63,642</td>
<td>46,862</td>
<td>47,822</td>
<td>38,030</td>
<td>40,975</td>
<td>–26.4</td>
</tr>
<tr>
<td>E11</td>
<td>825,041</td>
<td>502,947</td>
<td>476,856</td>
<td>285,870</td>
<td>314,002</td>
<td>–39.0</td>
</tr>
<tr>
<td>E13</td>
<td>5,469</td>
<td>4,268</td>
<td>4,173</td>
<td>3,389</td>
<td>4,188</td>
<td>–22.0</td>
</tr>
<tr>
<td>E14</td>
<td>4,234</td>
<td>2,215</td>
<td>1,960</td>
<td>1,065</td>
<td>1,125</td>
<td>–47.7</td>
</tr>
</tbody>
</table>

E09—Impaired glucose regulation; E10—Type 1 diabetes mellitus; E11—Type 2 diabetes mellitus; E13—Other specified diabetes mellitus; E14—Unspecified diabetes mellitus; E09–E14—Impaired glucose regulation and diabetes mellitus.

**Source:** National Hospital Morbidity Database.

### Quality of coded data

The comparability of the coded diagnosis, procedure and external cause data can be affected by variations in the quality of the coding, the numbers of diagnoses and/or procedures reported and can also be influenced by state-specific coding standards.

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis.

The quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data and by assessment of apparent variation in the reporting of additional diagnoses.

### State-specific coding standards

The ACSs were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to the ICD-10-AM/ACHI. Although all states and territories instruct their coders to follow the Australian Coding Standards, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant ACS, and may affect the comparability of ICD-10-AM coded data.

For example, there are variations in coding standards between jurisdictions with regard to the reporting of external cause codes and place of occurrence codes. The ACS requires a place of occurrence code to be reported if an external cause code in the range V00–Y89 has been reported, and requires an activity when injured code to be recorded if the external cause code is in the range V00–Y34. The Western Australian coding standard requires the mandatory recording of a place of occurrence and activity when injured code for all records with a diagnosis code in the range S00–T98, regardless of the external cause code reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured for separations where the care type is Rehabilitation care.
State and territory comments on the quality of the data

The following information has been provided by the states and territories to provide some insight into the quality of the coded data in the NHMD.

New South Wales

For New South Wales, hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

All NSW public hospital coded data is routinely processed, monitored and validated using Performance Indicators for Coding Quality (PICQ™) by the Ministry of Health and disseminated back to the Local Health Districts and individual hospitals. The data from PICQ is also used to benchmark Local Health Districts/Networks performance.

Victoria

As part of a comprehensive health data integrity audit program, the Victorian Department of Health continues to conduct state-wide external audits of admitted patient data across public sites. These audits review the ICD-10-AM/ACHI coding and the application of ACSs along with some key demographic data. A total of 10,000–13,000 case records are audited within each audit cycle. The rate of AR-DRG change in records subject to audit is consistently under 10%, indicating a high quality of coding. Coded data is also validated using Performance Indicators for Coding Quality (PICQ™) with published state-wide results for both public and private hospitals.

Queensland

Hospitals in Queensland conduct their own coding quality audits, and ICD-10-AM/ACHI validations are automatically executed as part of the general processing of morbidity data in the corporate data collection. Results from a corporate audit program that ran between 2006–07 and 2011–12 financial years show a change in AR-DRGs of less than 10%. The Department of Health supports the use of a state-wide coding tool to assist coding consistency. A newly formed Statewide Health Information Management Clinical Coding Network Steering Committee has been established to aid the improvement of health information management and clinical coding services state-wide and foster appropriate education and development.

Western Australia

The Western Australian Department of Health conducts in-house data quality activities and regular comprehensive external audits of hospital medical records and inpatient data reporting processes. The Edit Protocol for Hospital Morbidity Data System and the Clinical Information Audit Program aims to provide assurances of data quality and integrity, promoting confidence in the use of health information by hospitals and throughout the system.

South Australia

The South Australian Department for Health and Ageing completed a major audit of coding practices in 2011. The rate of AR-DRG change for metropolitan hospitals was marginally above 10%. A result of less than 10% is generally regarded as an indication of high quality coding.
The Department conducts a number of other coding improvement activities, aimed at improving compliance with national and state coding standards. For example, desktop audits of coded data are regularly run. Individual hospitals are followed-up as required and results are reported to all coders in quarterly newsletters. A coding educator has been appointed to assist hospitals in further developing their coding knowledge.

**Tasmania**

In Tasmania, hospitals continue to conduct coding quality improvement activities using the Australian Coding Benchmark Audit tool and PICQ™. Validation of ICD-10-AM data also occurs routinely as the data are processed from the hospitals. A state-wide coding auditor/educator has been appointed and that position will assume the responsibility of managing state-wide coding audits and education in relation to findings from them. Also the position will manage changes/updates to coding classifications and grouping systems.

**Australian Capital Territory**

The Australian Capital Territory conducts regular coding data quality improvement and integrity activities including analysis using the PICQ™ tool to ensure a high standard of coding quality. Validations are automatically undertaken as part of the processing data flow in the hospital level and corporate level data collections and further education and training supports these quality improvement activities.

**Northern Territory**

The Northern Territory is committed to the continual improvement of clinical coding across the Northern Territory Hospitals Network, and in the past has experienced challenges in recruiting suitably experienced staff. In the last 12 months off-site coding has discontinued and recruitment to vacant coding positions has been successful. With the introduction of integrated clinical coding software, there have been gains in coding quality, consistency and timeliness.

**Apparent variation in reporting of additional diagnoses**

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR-DRGs, standardised to the national distribution of adjacent AR-DRGs to take into account differing casemixes (Coory & Cornes 2005).

**Method**

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping.

For many adjacent AR-DRGs, this split is based on the inclusion of significant additional diagnoses, also known as complications or comorbidities (CCs). Adjacent AR-DRGs are signified in the AR-DRG classification by having the first three characters in common. The allocation of a fourth character code is hierarchical, with the highest resource use level being assigned an A and the lowest resource use level being assigned the lowest letter in the sequence.
This analysis concentrates on differences in the reporting of additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings. The analysis covers four groups of adjacent AR-DRGs:

1. all applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning)
2. adjacent AR-DRGs where the lowest split was without complications or comorbidities
3. adjacent AR-DRGs where the lowest split was without catastrophic or severe complications or comorbidities
4. Vaginal and caesarean deliveries.

Categories 2, 3 and 4 are subsets of category 1. The category *Vaginal and caesarean deliveries* is included as it represents a sub-group of patients for which there is limited scope for differences in the admission threshold. Therefore, it is expected that differences in the proportions in the lowest resource AR-DRGs for this group are likely to reflect variation in reporting additional diagnoses.

Table B5 shows that there is variation among jurisdictions, and by sector, in the proportion of separations grouped to the lowest resource split for adjacent AR-DRGs.

**Standardised proportion**

The underlying assumption of this analysis is that variation in the proportions of separations assigned to individual AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses that are relevant to the split of the adjacent AR-DRG. This assumption is less likely to be valid when comparing hospital sectors which have differing casemixes, or the smaller jurisdictions because of differing population profiles and the limitations of the standardisation method.

The data were directly standardised by scaling the distribution of adjacent AR-DRGs in each jurisdiction/sector to the same distribution as the national total. The resulting proportions of separations in the lowest resource AR-DRG within the adjacent AR-DRG are considered comparable.

See tables accompanying this report online for additional detail on this analysis and the list of AR-DRGs included.
Table B5: Standardised proportion in lowest resource level AR-DRG\(^{(a)}\) for selected adjacent AR-DRGs version 6.0x, public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>690,028</td>
<td>571,035</td>
<td>410,598</td>
<td>219,739</td>
<td>165,174</td>
<td>40,273</td>
<td>36,282</td>
<td>32,418</td>
<td>2,165,547</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.74</td>
<td>0.71</td>
<td>0.74</td>
<td>0.76</td>
<td>0.73</td>
<td>0.75</td>
<td>0.73</td>
<td>0.70</td>
<td>0.73</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>221,613</td>
<td>219,190</td>
<td>212,267</td>
<td>93,878</td>
<td>70,841</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>851,036</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
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<td>0.76</td>
<td>0.76</td>
<td>0.78</td>
<td>0.78</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.77</td>
</tr>
<tr>
<td><strong>Adjacent AR-DRGs with ‘without complication’ as the lowest resource level AR-DRG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>224,248</td>
<td>185,139</td>
<td>134,765</td>
<td>73,820</td>
<td>51,238</td>
<td>13,025</td>
<td>13,460</td>
<td>11,496</td>
<td>707,191</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.63</td>
<td>0.61</td>
<td>0.64</td>
<td>0.64</td>
<td>0.62</td>
<td>0.64</td>
<td>0.62</td>
<td>0.56</td>
<td>0.63</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Separations</td>
<td>80,826</td>
<td>78,177</td>
<td>73,515</td>
<td>37,592</td>
<td>24,638</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>306,996</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.64</td>
<td>0.63</td>
<td>0.64</td>
<td>0.66</td>
<td>0.65</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.64</td>
</tr>
<tr>
<td><strong>Adjacent DRGs with ‘without catastrophic or severe complication’ as the lowest resource level AR-DRG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>465,780</td>
<td>385,896</td>
<td>275,833</td>
<td>145,919</td>
<td>113,936</td>
<td>27,248</td>
<td>22,822</td>
<td>20,922</td>
<td>1,458,356</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.79</td>
<td>0.76</td>
<td>0.79</td>
<td>0.82</td>
<td>0.79</td>
<td>0.80</td>
<td>0.79</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.83</td>
<td>0.82</td>
<td>0.81</td>
<td>0.84</td>
<td>0.85</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.83</td>
</tr>
<tr>
<td><strong>Adjacent DRGs for Vaginal and caesarean delivery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Separations</td>
<td>72,862</td>
<td>54,363</td>
<td>43,432</td>
<td>21,614</td>
<td>15,144</td>
<td>3,855</td>
<td>4,409</td>
<td>3,186</td>
<td>218,865</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.39</td>
<td>0.36</td>
<td>0.41</td>
<td>0.36</td>
<td>0.38</td>
<td>0.43</td>
<td>0.38</td>
<td>0.38</td>
<td>0.39</td>
</tr>
<tr>
<td><strong>Private hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separations</td>
<td>23,258</td>
<td>20,481</td>
<td>17,674</td>
<td>10,284</td>
<td>4,801</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>80,781</td>
</tr>
<tr>
<td>Standardised proportion in lowest resource level</td>
<td>0.37</td>
<td>0.36</td>
<td>0.38</td>
<td>0.37</td>
<td>0.35</td>
<td>n.p.</td>
<td>n.p.</td>
<td>n.p.</td>
<td>0.37</td>
</tr>
</tbody>
</table>

AR-DRG—Australian Refined Diagnosis Related Group.

\(^{(a)}\) Separations for which the care type was reported as Acute, or Newborn with qualified days, or was not reported.

**Condition onset flag data**

The data element ‘Episode of admitted patient care—condition onset flag’ was mandated for national collection for the first time for the 2008–09 reporting period.

The condition onset flag (COF) is a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. It is reported for each ICD-10-AM diagnosis, external cause, place of occurrence, and activity when injured code.
A better understanding of those conditions arising during the episode of care may inform prevention strategies particularly in relation to complications of medical care.

Conditions which arise during the episode of care can include:

• conditions resulting from misadventure during medical or surgical care during the episode of admitted patient care
• abnormal reactions to, or later complication of, surgical or medical care arising during the episode of admitted patient care
• conditions arising during the episode of admitted patient care that may not be related to surgical or medical care (for example, pneumonia).

Quality of the Condition onset flag data for 2011–12

Overall, the provision of COF data for 2011–12 was very similar to that provided for 2008–09 to 2010–11.

The quality of the COF data for 2011–12 was not considered to be sufficient for analytical purposes and presentation in the body of this report. This was for two main reasons:

• The data were not provided for all separations, with major gaps for public hospitals for New South Wales, and for private hospitals for New South Wales and the Northern Territory.
• There was variation in the proportion of separations for which there was a report of a condition with onset during the episode of care, among states and territories for both the public and private sectors. Although some variation could be expected, it was considered that further investigation of the data quality was warranted at this stage.

Coverage

Incomplete coverage of the COF data continues to limit its application for national reporting.

The coverage of COF data increased for public hospitals, from 88% in 2010–11 to 91% in 2011–12. (Table B6). For private hospitals, coverage decreased from 77% in 2010–11 to 71% in 2011–12.

Proportion of separations for which there was a report of a condition with onset during the episode of care

The proportions of separations for which there was a report of a condition with onset during the episode of care were calculated using records for which COF data were not missing.

Public hospitals

About 8.6% of public hospital separations for which COF data were provided reported at least one condition that arose during the episode of care (for separations for which a COF value of 1 or 2 was provided for at least one diagnosis) (Table B7).

There was marked variation between states and territories, with the overall proportion ranging from 5.1% to 10.8%. Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of COF values.
Table B6: Proportion of separations with Condition onset flag reported(a) (%), public and private hospitals, states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>Public hospitals</th>
<th></th>
<th>Private hospitals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Separations with onset flag reported (%)</td>
<td>Separations with onset flag reported (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>71.1</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victoria</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queensland</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Australia</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Australia</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tasmania</td>
<td>100.0</td>
<td>93.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>100.0</td>
<td>99.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Territory</td>
<td>100.0</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>91.3</td>
<td>70.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) The proportion of separations for which Condition onset flag was reported may include records where the flag was provided for some diagnoses and not for others.

The proportion of same-day separations that recorded a condition with onset during the episode was 0.9%, with state/territory proportions ranging from 0.5% to 1.7% (Table B7).

About 17% of public hospital overnight separations recorded a diagnosis with onset during the episode of care. There was variation by jurisdiction, ranging from 9.9% to 23.9%. For overnight separations with an Elective urgency of admission, the proportion reported with a condition with onset during the episode ranged from 10.6% to 25.6%.

Table B7: Proportion of separations(a) with condition onset during episode of care, by same-day/overnight status and urgency of admission, public hospitals, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same-day separations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>1.1</td>
<td>1.0</td>
<td>1.5</td>
<td>0.5</td>
<td>2.0</td>
<td>1.3</td>
<td>1.6</td>
<td>0.7</td>
<td>1.2</td>
</tr>
<tr>
<td>Elective</td>
<td>0.4</td>
<td>0.8</td>
<td>2.1</td>
<td>0.7</td>
<td>2.7</td>
<td>0.8</td>
<td>1.9</td>
<td>0.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>2.5</td>
<td>4.2</td>
<td>0.6</td>
<td>0.2</td>
<td>0.4</td>
<td>0.7</td>
<td>0.4</td>
<td>0.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>0.6</td>
<td>0.9</td>
<td>1.2</td>
<td>0.5</td>
<td>1.7</td>
<td>0.8</td>
<td>1.0</td>
<td>0.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Overnight separations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>6.9</td>
<td>18.3</td>
<td>13.3</td>
<td>10.0</td>
<td>14.4</td>
<td>18.7</td>
<td>15.4</td>
<td>9.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Elective</td>
<td>10.6</td>
<td>25.6</td>
<td>21.0</td>
<td>16.7</td>
<td>19.4</td>
<td>24.1</td>
<td>20.0</td>
<td>12.4</td>
<td>19.3</td>
</tr>
<tr>
<td>Other</td>
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<td>45.1</td>
<td>37.6</td>
<td>40.5</td>
<td>38.4</td>
<td>23.3</td>
<td>31.5</td>
<td>31.8</td>
<td>31.0</td>
</tr>
<tr>
<td>Total</td>
<td>9.9</td>
<td>23.9</td>
<td>18.8</td>
<td>15.2</td>
<td>18.5</td>
<td>20.7</td>
<td>19.0</td>
<td>14.0</td>
<td>16.5</td>
</tr>
<tr>
<td>Total</td>
<td>5.8</td>
<td>10.7</td>
<td>9.9</td>
<td>7.3</td>
<td>10.7</td>
<td>10.8</td>
<td>9.4</td>
<td>5.1</td>
<td>8.6</td>
</tr>
</tbody>
</table>

(a) Proportion of separations with onset during the episode of care is calculated only for separations for which Condition onset flag was reported.
**Private hospitals**

For private hospitals, COF data were not available for New South Wales and Northern Territory.

About 3.8% of private hospital separations for which COF data were provided reported at least one condition that arose during the episode of care (Table B8). There was marked variation between states and territories, with the overall proportion ranging from 2.5% to 7.0%. As for public hospitals, this variation may indicate that there are differences in the allocation of COF values.

The proportion of same-day separations that recorded a condition with onset during the episode was 0.3%, with state/territory proportions ranging from 0.2% to 0.9% (Table B8).

About 12% of private hospital overnight separations recorded a diagnosis with onset during the episode of care.

Table B8: Proportion of separations(a) with condition onset during episode of care, by same-day/overnight status and urgency of admission, private hospitals, reporting states and territories, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same-day separations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>n.a.</td>
<td>1.3</td>
<td>1.4</td>
<td>0.5</td>
<td>1.0</td>
<td>0.0</td>
<td>50.0</td>
<td>n.a.</td>
<td>1.0</td>
</tr>
<tr>
<td>Elective</td>
<td>n.a.</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0.8</td>
<td>0.2</td>
<td>0.2</td>
<td>n.a.</td>
<td>0.2</td>
</tr>
<tr>
<td>Other</td>
<td>n.a.</td>
<td>0.9</td>
<td>0.2</td>
<td>0.1</td>
<td>1.0</td>
<td>0.3</td>
<td>0.0</td>
<td>n.a.</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>n.a.</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
<td>0.9</td>
<td>0.2</td>
<td>0.2</td>
<td>n.a.</td>
<td>0.3</td>
</tr>
<tr>
<td>Overnight separations</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>n.a.</td>
<td>20.4</td>
<td>12.0</td>
<td>13.1</td>
<td>17.4</td>
<td>0.2</td>
<td>5.7</td>
<td>n.a.</td>
<td>13.5</td>
</tr>
<tr>
<td>Elective</td>
<td>n.a.</td>
<td>17.3</td>
<td>10.0</td>
<td>11.7</td>
<td>16.6</td>
<td>6.6</td>
<td>13.6</td>
<td>n.a.</td>
<td>9.9</td>
</tr>
<tr>
<td>Other</td>
<td>n.a.</td>
<td>39.3</td>
<td>23.7</td>
<td>42.6</td>
<td>51.1</td>
<td>16.0</td>
<td>42.9</td>
<td>n.a.</td>
<td>21.0</td>
</tr>
<tr>
<td>Total</td>
<td>n.a.</td>
<td>19.8</td>
<td>11.4</td>
<td>15.2</td>
<td>18.6</td>
<td>7.1</td>
<td>16.7</td>
<td>n.a.</td>
<td>11.6</td>
</tr>
<tr>
<td>Total</td>
<td>n.a.</td>
<td>7.0</td>
<td>3.8</td>
<td>4.8</td>
<td>6.5</td>
<td>2.5</td>
<td>6.7</td>
<td>n.a.</td>
<td>3.8</td>
</tr>
</tbody>
</table>

(a) Proportion of separations is calculated for separations for which the Condition onset flag was reported only.

**Australian Refined Diagnosis Related Groups**

AR-DRG is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. This system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources, based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 6.0x (DoHA 2011) to classify separations, and the most recent cost weights based on version 6.0x (Round 14, 2009–10 DOHA 2012).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into Surgical, Medical and Other partitions, and then into 698 individual AR-DRGs.
The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive may be assigned to the Pre-MDC category (AR-DRGs A01Z to A41B), irrespective of the principal diagnosis (including most organ and bone marrow transplants). Episodes that contain clinically atypical or invalid information are assigned Error DRGs (AR-DRGs 801A–801C and 960Z–963Z), even if they were assigned to an MDC (Error DRGs are included within Other DRG in the Surgical/Medical/Other DRG partition).

Episodes are assigned to AR-DRGs within MDCs, mainly on the basis of the procedure codes (in the Surgical DRG partition) or the diagnosis codes (in the Medical DRG partition). Additional variables including the patient’s age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation are also used for AR-DRG assignment.

Following receipt of the data from states and territories, the AIHW regrouped the data to ensure that the same grouping method was used for all data. The AR-DRGs that resulted from this regrouping are reported here, and may differ slightly from the AR-DRGs derived by the states and territories.

The information in chapters 7, 8, 9 and 10 is presented using different methods of grouping the AR-DRG classification:

- Separations have been categorised as Childbirth, Medical, Surgical or Other based on the AR-DRG recorded for the separation
- MDCs—these 23 groups are used to provide information at a high level of aggregation
- AR-DRGs—detailed information is presented for the 20 AR-DRGs having the largest number of separations.

**AR-DRG versions**

For 2011–12, each separation in the NHMD was classified to AR-DRG version 6.0x (DoHA 2011) on the basis of demographic and clinical characteristics of the patient.

Each AR-DRG version is based on a specific edition of the ICD-10-AM/ACHI (Table B9). However, AR-DRGs can be mapped from other ICD-10-AM/ACHI editions.

**Table B9: ICD-10-AM and AR-DRG versions, 2007–08 to 2011–12**

<table>
<thead>
<tr>
<th>Year</th>
<th>ICD-10-AM edition</th>
<th>Relevant AR-DRG version</th>
<th>AR-DRG version reported in Australian hospital statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007–08</td>
<td>Fifth edition</td>
<td>Version 5.2</td>
<td>Version 5.1</td>
</tr>
<tr>
<td>2008–09</td>
<td>Sixth edition</td>
<td>Version 6.0</td>
<td>Version 5.2</td>
</tr>
<tr>
<td>2009–10</td>
<td>Sixth edition</td>
<td>Version 6.0</td>
<td>Version 5.2</td>
</tr>
<tr>
<td>2010–11(^{(a)})</td>
<td>Seventh edition</td>
<td>Version 6.0</td>
<td>Version 6.0</td>
</tr>
<tr>
<td>2011–12</td>
<td>Seventh edition</td>
<td>Version 6.0</td>
<td>Version 6.0x</td>
</tr>
</tbody>
</table>

\(^{(a)}\) For analyses where cost weights were required, AR-DRG version 5.2 Round 13 cost weights (2008–09) were applied to AR-DRG version 5.2.
For the purpose of making AR-DRG-based time series comparisons, the coded clinical data for 2007–08 to 2009–10 were grouped to AR-DRG version 6.0 using the mapping facility in the DRGroup™ software. Due to the mapping necessary to generate the AR-DRG versions, the data presented in these tables may not be comparable to those reported by the states and territories for a small number of AR-DRGs.

**AR-DRG cost weights and cost estimates**

Cost weights and cost estimates are prepared by the Australian Government Department of Health and Ageing through the National Hospital Cost Data Collection (NHCDC) (DoHA 2012). The NHCDC estimates the average cost of each AR-DRG and the cost weight is the average cost for that AR-DRG divided by the average cost across all AR-DRGs.

For 2009–10, the average cost for public hospital separations was $4,500. Separate cost weights are usually estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The latest available cost weights (at the time of publication of this report) were for AR-DRG version 6.0x for 2009–10 (DoHA 2012). Private cost weights were not available for AR-DRG version 6.0x. When the NHCDC 2011–12 results become available, updated information using those data will be provided in the tables accompanying this report online at <www.aihw.gov.au/hospitals>.

**Average cost weight**

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the average cost for all separations.

The average cost weight for a hospital (or group of hospitals) is calculated as the sum of the average cost weights for each separation, divided by the total number of separations for the hospital. It represents in a single number the overall relative expected use of resources by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (equal to 1.00).

**Analysis methods**

**Cost per casemix-adjusted separation analysis**

The cost per casemix-adjusted separation (Chapter 3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian hospital statistics 2000–01* (AIHW 2002).
**Definition**

The formula used to calculate the cost per casemix-adjusted separation is:

\[
\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}
\]

where:

- recurrent expenditure is as defined by the recurrent expenditure data elements in the NHDD (AIHW 2012f)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patients
- total separations excludes Newborns (without qualified days) and records that do not relate to admitted patients (Hospital boarders and Posthumous organ procurement)
- average cost weight is a single number representing the relative expected resource use for the separations (see above).

**Matters affecting the interpretation of cost per casemix-adjusted separation**

**The inclusion of non-acute care**

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise almost 98% of the total for the hospitals included in the analysis (see tables accompanying this report online), as cost weights are available for acute care. However, the 2% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This method may affect the estimates of cost-weighted separations (see below) for each state and territory, depending on the proportion of non-acute separations for the state or territory. Non-acute separations (including rehabilitation care) generally have higher costs per separation than acute care separations because, although their daily costs are lower, these episodes typically involve longer lengths of stay.

For 2011–12, estimates of expenditure for acute care for admitted patients (acute care IFRACs) were available for some jurisdictions, and the effect of limiting the analysis to acute care is presented below.

**The inclusion of psychiatric care**

The validity of comparisons of average cost weights is also limited by differences in the extent to which each jurisdiction’s psychiatric care services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services, and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric care because the relevant AR-DRGs are less homogeneous than for other acute care.
Cost per acute care casemix-adjusted separation and cost per acute non-psychiatric care casemix-adjusted separation

As cost weights are available only for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. A more accurate estimate of cost could be obtained by restricting the analysis to acute, or acute non-psychiatric separations and expenditure.

New South Wales, Victoria and Western Australia provided estimates of expenditure on acute care for admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table B10). Separations were included only if their care type was Acute, Newborn (with qualified days) or for which the care type was not reported.

Hospitals were excluded from the analysis if the estimated cost per day was more than $1,000 (as this would be considered unreasonably high for non-acute care types) or if the same IFRACs were reported for acute care (and acute non-psychiatric care) as for all care types (where they reported more than 1,000 patient days for non-acute separations).

The estimated cost per acute care casemix-adjusted separation (excluding depreciation) for the selected hospitals was:

- $5,075 in New South Wales, 3.9% less than the cost per casemix-adjusted separation for all separations
- $4,101 in Victoria, 12.6% less than for all separations
- $5,440 in Western Australia, 4.8% less than for all separations (Figure B1 and Table B10).

The estimated cost per acute non-psychiatric care casemix-adjusted separation (excluding depreciation) for the selected hospitals was:

- $4,983 in New South Wales, 5.6% less than the cost per casemix-adjusted separation for all separations
- $4,038 in Victoria, 14.0% less than for all separations
- $5,497 in Western Australia, 3.8% less than for all separations.

The estimated cost per acute care casemix-adjusted separation, including depreciation and cost per acute non-psychiatric casemix-adjusted separation, including depreciation is available in tables accompanying this report online.
Table B10: Cost per casemix-adjusted separation ($) for acute and acute non-psychiatric separations, subset of selected public acute hospitals(a), New South Wales, Victoria and Western Australia, 2011–12

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per casemix-adjusted separation excluding depreciation</td>
<td>5,280</td>
<td>4,693</td>
<td>5,713</td>
</tr>
<tr>
<td>Cost per casemix-adjusted acute separation excluding depreciation(b)</td>
<td>5,075</td>
<td>4,101</td>
<td>5,440</td>
</tr>
<tr>
<td>Percentage this exceeds cost per casemix-adjusted separation for subset hospitals</td>
<td>–3.9%</td>
<td>–12.6%</td>
<td>–4.8%</td>
</tr>
<tr>
<td>Cost per casemix-adjusted acute non-psychiatric separation excluding depreciation(c)</td>
<td>4,983</td>
<td>4,038</td>
<td>5,497</td>
</tr>
<tr>
<td>Percentage this exceeds cost per casemix-adjusted separation for subset hospitals</td>
<td>–5.6%</td>
<td>–14.0%</td>
<td>–3.8%</td>
</tr>
<tr>
<td>Cost per casemix-adjusted separation including depreciation</td>
<td>5,455</td>
<td>4,984</td>
<td>5,866</td>
</tr>
<tr>
<td>Cost per casemix-adjusted acute separation including depreciation(b)</td>
<td>5,244</td>
<td>4,357</td>
<td>4,357</td>
</tr>
<tr>
<td>Percentage this exceeds cost per casemix-adjusted separation for subset hospitals</td>
<td>–3.9%</td>
<td>–12.6%</td>
<td>–4.8%</td>
</tr>
<tr>
<td>Cost per casemix-adjusted acute non-psychiatric separation including depreciation(c)</td>
<td>5,149</td>
<td>4,289</td>
<td>5,644</td>
</tr>
<tr>
<td>Percentage this exceeds cost per casemix-adjusted separation for subset hospitals</td>
<td>–5.6%</td>
<td>–13.9%</td>
<td>–3.8%</td>
</tr>
</tbody>
</table>

(a) Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals or services. This subset excludes hospitals where the admitted patient cost proportion (IFRAC) was equal to the acute IFRAC and more than 1,000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded $1,000 per day and more than $1,000,000 of expenditure on non-acute patient days was reported.

(b) Separations where the care type is Acute, Newborn (with qualified days), or not reported. Details of acute and non-acute separations and patient days are presented in tables accompanying this report online.

(c) Separations where the care type is Acute, Newborn (with qualified days), or not reported, and excludes records for which psychiatric care days were reported. Psychiatric separations are those with specialised psychiatric care days.

Figure B1: Comparison of costs per casemix-adjusted separation for all separations(a), acute separations(b) and acute non-psychiatric separations(c), subset of selected public acute hospitals(d), New South Wales, Victoria and Western Australia, 2011–12
Cost per casemix-adjusted separation, including capital

The cost per casemix-adjusted separation analysis includes recurrent expenditure and depreciation for those states that reported it (see Chapter 3).

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported ‘total costs per casemix-adjusted separation’ by state and territory for 2010–11 (SCRGSP 2013). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix adjusted separation.

‘Depreciation is defined as the cost of consuming an asset’s services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs to avoid double counting’ (SCRGSP 2013).

In 2010–11, excluding the user cost of capital for land, the total cost per casemix-adjusted separation ranged from $5,044 in Victoria to $6,312 in the Northern Territory (SCRGSP 2013) (Figure B2).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the Report on government services, 2013 (SCRGSP 2013).

![Graph showing cost per casemix-adjusted separation including capital for public hospitals, 2010–11](image)

**Notes**

1. *Labour* includes medical and non-medical labour costs. *Material* includes other non-labour recurrent costs, such as repairs and maintenance.

2. *Capital* includes depreciation and the user cost of capital for buildings and equipment that is associated with the delivery of admitted patient services in the public hospitals as described in the data for recurrent cost per casemix-adjusted separation. ‘Capital cost’ excludes the user cost of capital associated with land.

3. Variation across jurisdictions in the collection of capital-related data suggests the data are only indicative. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

**Source:** SCRGSP 2013.

**Figure B2:** Cost per casemix-adjusted separation including capital, public hospitals, 2010–11
Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Chapter 3. They are calculated as the number of ‘observed patient days’ for separations in selected AR-DRGs, divided by the number of ‘expected patient days’, standardised for casemix (based on national figures). An RSI greater than 1.0 indicates that an average patient’s length of stay is higher than expected given the casemix for the group of separations of interest. An RSI of less than 1.0 indicates that the length of stay was less than expected.

The standardisation for casemix (based on AR-DRG version 6.0x and the age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided; however, it does not take into account other influences on length of stay, such as Indigenous status or the remoteness area of the patient’s residence or of the hospital.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with a length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A Rehabilitation with catastrophic/severe complications or comorbidities)
- predominantly same-day AR-DRGs (such as R63Z Chemotherapy and L61Z Admit for renal dialysis)
- AR-DRGs with a length of stay component in the definition (see tables accompanying this report online)
- Error AR-DRGs.

Comparisons with RSIs presented in earlier reports should be made with caution, because the indexes for reports from 2004–05 to 2009–10 were calculated using AR-DRG versions 5.0/5.1/5.2.

RSI standardisation methods—direct and indirect relative stay indexes

The two methods for standardisation of the length of stay data used in this report are analogous to direct and indirect age-standardisation methods.

Indirect relative stay index

The indirect RSI method applies the national average length of stay (ALOS) for each AR-DRG to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. This method is generally used when rate information (ALOS for each AR-DRG in this analysis) for the population of interest is unknown or subject to fluctuation because of small population sizes. It provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity.

However, an indirectly standardised rate compares a group with a ‘standard population rate’ so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Therefore, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.
Direct relative stay index

For the direct RSI method, the ALOS of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in a hospital group.

Direct standardisation methods are generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria. Groups can be compared using the directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix.

However, the ALOS data for AR-DRGs which are not represented in a group need to be estimated. The method in this report uses the assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Also, this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group, which can be particularly problematic if the low-volume AR-DRGs are atypical.

For those jurisdictions and sectors for which RSI statistics are presented in Table 3.17, there were between 502 and 672 AR-DRGs represented, meaning that ALOS data was estimated for up to 170 AR-DRGs.

Due to the issues with the direct RSI detailed above, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented in Chapter 3. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented.

For public hospitals in the Northern Territory, about 500 of the 672 DRGs used in the national RSI analysis are represented, so results are likely to have been affected by estimation of the missing ALOS data. Therefore the data presented for the direct standardised method in the public sector for the Northern Territory in Table 3.17 should be interpreted with caution.

Table B.510, accompanying this report online, shows the number of AR-DRGs represented in each cell in Table 3.17, so that the number of AR-DRGs for which ALOS was estimated can be derived.
Appendix C: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Group (AR-DRG) cost weights and estimated average costs, as incorporated into tables in chapters 3, 4, 7, 8 and 9. This report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report applies cost weight data for AR-DRG version 6.0x (DoHA 2012) to the AR-DRGs reported in version 6.0x.

The NHCDC comprises a voluntary collection of hospital cost and activity data covering the financial year before the collection period, and is coordinated by the Department of Health and Ageing. Both public and private hospital data are usually included, with the results separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2009–10 financial year (Round 14) for public hospitals only (DoHA 2012).

For 2009–10, the NHCDC involved arrangements whereby the hospital data were collected by the individual hospitals, and checked and validated by state/territory coordinators before being passed on to the Department of Health and Ageing. The production and publication of the final cost weights and associated tables followed extensive quality assurance procedures undertaken by the department and endorsement of the results by the states and territories.

In 2009–10, the total number of public hospital separations reported to the NHCDC was approximately 95% of total acute separations within the year (DoHA 2012). The average cost per separation for public hospitals was estimated at $4,500 for 2009–10. The public hospitals’ estimate includes an estimate for depreciation.

Further information is provided in the NHCDC report for 2009–10 (DoHA 2012). Cost weights and associated tables for each round of the NHCDC can be obtained from the Casemix pages of the Department of Health and Ageing website at <www.health.gov.au>.
Appendix D: Service Related Groups

Introduction

The Service Related Group (SRG) classification categorises admitted patient episodes into groups representing clinical divisions of hospital activity, based on aggregations of AR-DRGs. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.

The AR-DRG system was not considered appropriate for this purpose as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD-10-AM chapters, MDCs and SRGs.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>ICD-10-AM chapter</th>
<th>MDC</th>
<th>SRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraction of wisdom teeth</td>
<td>Diseases of the digestive system</td>
<td>MDC 3: Ear, nose and throat</td>
<td>Dentistry</td>
</tr>
<tr>
<td>Endoscopic retrograde</td>
<td>Diseases of the digestive system</td>
<td>MDC 6: Digestive system</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>choledangiopancreatography ERCP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excision of haemorrhoids</td>
<td>Diseases of the digestive system</td>
<td>MDC 6: Digestive system</td>
<td>Colorectal surgery</td>
</tr>
</tbody>
</table>

For the Australian hospital statistics 2001–02 to 2004–05 reports, this analysis used a method based on AR-DRG version 4.2, originally developed by the New South Wales Department of Health and the Australian Government Department of Health and Ageing.

A different methodology was used in Australian hospital statistics from 2005–06 to 2009–10, which assigned SRGs based on AR-DRG versions 5.0, 5.1 and 5.2 and was developed by the New South Wales Department of Health (unpublished).

The SRG version used for both the 2010–11 and this report assigns service related group based mostly on AR-DRGs version 6.0, also developed by the New South Wales Ministry of Health (adapted for AR-DRG version 6.0x). For more information on the methodology used to assign SRGs, see Table D6 (which accompanies this report online).

SRGs were allocated using the data in the NHMD. The method largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SRG categories according to the type of care, because the main service type of these separations cannot be ascertained from their diagnoses or procedures.
For public hospitals, separations may also have been assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the NPHED (see Chapter 4). An ‘unallocated’ SRG is assigned for separations with an Error DRG.

The classification also incorporates non-specialist SRGs, which are used for smaller hospitals that do not have the specialist services or specialist equipment. There are 46 SRGs, and the 20 most common were presented in Chapter 4.

**State and territory overview**

Tables D1 to D5 (which accompany this report online) present more detailed SRG information by state and territory.

Table D1 contains the number of public hospitals establishments that, in 2011–12, reported more than 50 separations or more than 360 patient days in each SRG by state and territory and by remoteness area. This has been included as an indicative measure of the number of specialty units.

The best indicative measure of the number of units varies between SRGs and between uses of the measure. For example, for *Maintenance* (SRG 87), 97 hospitals provided more than 50 separations per year and 244 hospitals provided more than 360 patient days, while for *Gastroenterology* (SRG 15) these measures were 380 and 221 hospitals respectively. *Cardiothoracic surgery* (SRG 42) showed very little difference between the two different measures, with 38 hospitals providing more than 50 separations per year and 42 hospitals providing more than 360 patient days.

*Non subspecialty – medicine* (SRG 27) had the greatest number of establishments, with 404 hospitals with more than 50 separations per year and 359 hospitals with more than 360 patient days per year.

Tables D2 and D3 contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with over 1,022,000. This was followed by *Obstetrics* (SRG 72) with 325,000 (Table D2). In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with over 416,000, followed by *Orthopaedics* (SRG 49) with 319,000 (Table D3).

Tables D4 and D5 summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1,890,000, followed by *Psychiatry – acute* (SRG 82) with 1,760,000 (Table D4). For private hospitals, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1,060,000, followed by *Orthopaedics* (SRG 49) with 873,000 (Table D5).
Glossary

Definitions in the Glossary contain an identification number from the Metadata Online Registry (METeOR). METeOR is Australia’s central repository for health, community services and housing assistance metadata, or ‘data about data’. It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets (NMDSSs), such as the NMDSSs which form the basis of this report. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

For further information on the terms used in this report, refer to the definitions in the National health data dictionary, version 16 (AIHW 2012f).

**Activity when injured**: the type of activity being undertaken by a person at the time of injury. METeOR identifier: 391320.

**Acute**: having a short and relatively severe course.

**Acute care**: see *Care type*.

**Acute care hospital**: see *Establishment type*.

**Additional diagnosis**: a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. METeOR identifier: 391322.

**Administrative and clerical staff**: staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included in this category. METeOR identifier: 270496.

**Administrative expenditure**: all expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation). METeOR identifier: 270107.

**Admitted patient**: a patient who undergoes a hospital’s admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person’s home (for hospital-in-the-home patients). METeOR identifier: 268957.

**Admitted patient cost proportion**: a measure used to calculate the cost per casemix-adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or IFRAC.

**Adverse event**: an incident in which harm resulted to a person receiving health care. They include infections, falls and other injuries, and reactions or complications due to surgery and other procedures, medical devices or medication. Some of which may be preventable.

**Age standardisation**: a set of techniques used to remove, as far as possible, the effects of differences in age when comparing two or more populations.

**Alcohol and drug treatment centre**: see *Establishment type*. 
Arrival mode—transport: the mode of transport by which the person arrives at the emergency department. METeOR identifier: 471921.

Australian Classification of Health Interventions (ACHI): ACHI was developed by the National Centre for Classification in Health. The 7th edition was used for the 2011–12 procedures data for admitted patients in Australian hospitals.

Australian Refined Diagnosis Related Groups (AR-DRGs): an Australian system of diagnosis related groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.

Available beds: the average number of beds which are immediately available for use by an admitted patient within the establishment. METeOR identifier: 270133.

From 1 July 2009, superseded by:
- Average available beds for same-day patients and
- Average available beds for overnight-stay patients.

Average available beds for overnight-stay patients: average available beds for overnight-stay patients are the number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. METeOR identifier: 374151.

Average available beds for same-day patients: the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period. METeOR identifier: 373966.

Average length of stay: the average number of patient days for admitted patient episodes. Patients admitted and separated on the same date are allocated a length of stay of 1 day.

Capital expenditure: expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516.

Care type: the care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care). METeOR identifier: 270174. Admitted patient care consists of the following categories:
- Acute care
- Rehabilitation care
- Palliative care
- Geriatric evaluation and management
- Psychogeriatric care
- Maintenance care
- Newborn care
• Other admitted patient care—this is where the principal clinical intent does not meet the criteria for any of the above.

Other services include:
• Posthumous organ procurement
• Hospital boarder.

_Casemix:_ the range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.

_Chronic:_ persistent and long-lasting.

_Clinical urgency:_ a clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 270008.

_Compensable patient:_ an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease. Compensable patient excludes eligible beneficiaries (Department of Veterans’ Affairs), Defence Force personnel and persons covered by the Motor Accident Compensation Scheme, NT. METeOR identifier: 270100.

_Condition onset flag:_ a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information can provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies, particularly in relation to complications of medical care. METeOR identifier: 354816.

_Constant prices:_ constant price expenditure adjusts current prices for the effects of inflation, that is, it aims to remove the effects of inflation. Hence, expenditures in different years can be compared on a dollar-for-dollar basis, using this measure of changes in the volume of health goods and services.

_Cost weight:_ the costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0, therefore, on average costs 10 times as much as a separation with a cost weight of 0.5.

There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. In this report, average cost weights using public cost weights are based on AR-DRG version 6.0x 2009–10 public sector estimated cost weights (DoHA 2012). These were applied to AR-DRG version 6.0/6.0x DRGs for the 2007–08 to 2011–12 reference years.

_Current prices:_ expenditures reported for a particular year, unadjusted for inflation.

_Department of Veterans’ Affairs patient:_ a person whose charges for the hospital admission are met by the Department of Veterans’ Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the DVA. METeOR identifier: 270092.

_Diagnosis related group (DRG):_ a widely used casemix classification system used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to
be compared on a common basis. In Australian acute hospitals, AR-DRGs are used. METeOR identifier: 391295.

**Diagnostic and allied health professionals:** qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff). METeOR identifier: 270495.

**Domestic and other staff:** domestic staff are staff engaged in the provision of food and cleaning services including those primarily engaged in administrative duties such as food services manager. Dieticians are excluded. This category also includes all staff not elsewhere included (primarily maintenance staff, trades people and gardening staff). METeOR identifier: 270498.

**Domestic services expenditure:** the cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs. METeOR identifier: 270283.

**Drug supplies expenditure:** the cost of all drugs, including the cost of containers. METeOR identifier: 270282.

**Elective care:** care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR identifier: 335036.

**Elective surgery:** elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians. METeOR identifier: 335048.

**Elective admissions involving surgery:** separation for which the urgency of admission was reported as *Elective* (admission could be delayed by at least 24 hours) and where the assigned AR-DRG was *Surgical* (excluding childbirth-related AR-DRGs).

**Emergency department waiting time to commencement of clinical care:** the time elapsed for each patient from presentation to the emergency department to the commencement of the emergency department service event. It is calculated by deducting the date and time the patient presents from the date and time of the commencement of the service event. METeOR identifier: 390412.

An emergency department service event can be commenced by a doctor, nurse, mental health practitioner or other health professional, when investigation, care and/or treatment is provided in accordance with an established clinical pathway defined by the emergency department.

**Emergency occasion of service:** a non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with an *Emergency services Type of non-admitted patient occasion of service.*

**Enrolled nurses:** enrolled nurses are division 2 nurses who are registered with the Australian Health Practitioner Regulation Agency – Nursing and Midwifery Board of
Australia. Includes general enrolled nurses and specialist enrolled nurses (for example, mothercraft nurses in some states). METeOR identifier: 270497.

**Episode end status:** the status of the patient at the end of the non-admitted patient emergency department service episode. METeOR identifier: 322641.

**Episode of care:** the period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see Care type and Separation). METeOR identifier: 270174 (Care type), METeOR identifier: 268956 (Episode of admitted patient care).

**Error DRGs:** AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.

**Establishment type:** type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. METeOR identifier: 269971.

**External cause:** the environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 391330.

**Full-time equivalent staff:** full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee, where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee, where applicable) under the relevant award or agreement for the staff member (or contract employee occupation, where applicable). METeOR identifier: 270543. For more detailed information see the glossary entries for the staffing categories:

- Salaried medical officers
- Registered nurses
- Enrolled nurses
- Student nurses
- Other personal care staff
- Diagnostic and allied health professionals
- Administrative and clerical staff
- Domestic and other staff.

**Funding source for hospital patient:** the principal source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 339080.

**Geriatric evaluation and management:** see Care type.

**Group session:** a non-admitted occasion of service provided to two or more patients, where all individuals are not members of the same family. METeOR identifier: 269674.

**HASAC (Health and Allied Services Advisory Council) ratio:** for hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by the HASAC ratio.

**Hospice:** see Establishment type.
**Hospital:** a health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR identifier: 268971.

**Hospital boarder:** see Care type.

**Hospital-in-the-home care:** provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary. METeOR identifier: 270305.

**IFRAC (inpatient fraction):** see Admitted patient cost proportion.

**Index of Relative Socio-Economic Disadvantage (IRSD):** one of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

**Indicator procedure:** a procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision. METeOR identifier: 334976.

**Indigenous status:** a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

METeOR identifier: 291036.

**Inpatient:** see Admitted patient. METeOR identifier: 268957.

**Interactive data cubes:** a multidimensional representation of data which provides fast retrieval from multiple layers of information.

**International Classification of Diseases (ICD):** the World Health Organization’s internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.

**Inter-hospital contracted care:** an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital) and for which the activity is recorded by both hospitals. METeOR identifier: 270409.

**Length of stay:** the length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. METeOR identifier: 269982.

**Licensed bed:** a bed in a private hospital, licensed by the relevant state or territory health authority.
Maintenance care: see Care type.

Major Diagnostic Categories (MDCs): the category into which the patient’s diagnosis and the AR-DRG falls. They correspond generally to the major organ systems of the body. METeOR identifier: 391298.

Medical and surgical supplies expenditure: the cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. METeOR identifier: 270358.

Mode of admission: the mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976.

Mode of separation: status at separation of a person (discharge/transfer/death) and place to which a person is released (where applicable). METeOR identifier: 270094.

National health data dictionary (NHDD): a biennial publication of all the standardised and accepted terms and protocols used for the collection of health information.

Newborn care: see Care type.


Non-admitted patient occasion of service: occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. METeOR identifier: 270506.

Non-salary expenditure: includes items such as payments to visiting medical officers, superannuation payments, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

Number of days of hospital-in-the-home care: the number of hospital-in-the-home days occurring within an episode of care for an admitted patient. See Hospital-in-the-home care. METeOR identifier: 270305.

Occasion of service: see Non-admitted patient occasion of service.

Other care: see Care type.

Other personal care staff: includes attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents; they are not formally qualified or undergoing training in nursing or allied health professions. METeOR identifier: 270171.

Other recurrent expenditure: expenditure incurred by organisations on a recurring basis, for the provision of health goods and services that excludes salary and wages; payments to visiting medical officers; superannuation payments; drug supplies; medical and surgical supplies; food supplies; domestic services; repairs and maintenance; patient transport; administrative expenses; interest payments and depreciation. METeOR identifier: 270126.
Other revenue: all other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 364799.

Outpatient: see Non-admitted patient. METeOR identifier: 268973.

Outpatient clinic service: an examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital. METeOR identifier: 336980.

Outpatient clinic type: the nature of services which are provided by Outpatient clinic services. METeOR identifier: 291073.

Overnight-stay patient: a patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates).

Palliative care: see Care type.

Patient days: the total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045.

Patient election status: accommodation chargeable status elected by patient on admission. METeOR identifier: 326619. The categories are:

• Public patient: A person admitted to a hospital who has agreed to be treated by doctors of the hospital’s choice and to accept shared accommodation. This means the patient is not charged.

• Private patient: A person admitted to a hospital who decides to choose the doctor(s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation.

Patient presentation at emergency department: the presentation of a patient at an emergency department. It is the earliest occasion of being registered clerically or triaged. METeOR identifier: 270393.

Patient revenue: revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 364797.

Patient transport cost: the direct cost of transporting patients, excluding salaries and wages of transport staff where payment is made by an establishment. METeOR identifier: 270048.

Payments to visiting medical officers: all payments made by an institutional health care establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 270049.

Peer group: groupings of hospitals into broadly similar groups in terms of their type and volume of admitted patient activity and their geographical location.
Percentile: any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.

Performance indicator: a statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.

Place of occurrence of external cause: the place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 391334.

Posthumous organ procurement: aee Care type.

Potentially preventable hospitalisation (selected): those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.

Pre-MDC (Pre-Major Diagnostic Category): AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).

Principal diagnosis: the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 391326.

Private hospital: a privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See also Establishment type.

Procedure: a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in an acute care setting. METeOR identifier: 391349.

Psychiatric hospital: see Establishment type.

Psychogeriatric care: see Care type.

Public hospital: a hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients. See also Establishment type.

Public patient: includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals).

Qualified days: the number of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are 9 days old or less. METeOR identifier: 268957 (Admitted patient). METeOR identifier: 270033 (Newborn qualification status). A newborn day is acute (qualified) when a newborn meets at least one of the following criteria:

• is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient
is admitted to an intensive care facility in a hospital, being a facility approved by
the Australian Government Health Minister for the purpose of the provision of
special care
remains in hospital without its mother
is admitted to the hospital without its mother.
Recoveries: all revenue received that is in the nature of a recovery of expenditure
incurred. This includes income from provision of meals and accommodation to
hospital staff, income from the use of hospital facilities for private practice and some
recoveries relating to inter-hospital services. METeOR identifier: 364805.
Recurrent expenditure: expenditure incurred by organisations on a recurring basis,
for the provision of health goods and services. This includes, for example, salaries
and wages expenditure and non-salary expenditure such as payments to visiting
medical officers. This excludes capital expenditure. METeOR identifier: 269132.
Registered nurses: registered nurses must be registered as division 1 nurses with the
Australian Health Practitioner Regulation Agency – Nursing and Midwifery Board of
Australia. METeOR identifier: 270500.
This is a comprehensive category and includes community mental health, general
nurse, intellectual disability nurse, psychiatric nurse, senior nurse, charge nurse (now
unit manager), supervisory nurse and nurse educator. It may also include registered
midwives (including pupil midwife). This category also includes nurses engaged in
administrative duties no matter what the extent of their engagement, for example,
directors of nursing and assistant directors of nursing.
Rehabilitation care: see Care type.
Relative stay index (RSI): the actual number of patient days for acute care
separations in selected AR–DRGs divided by the expected number of patient days
adjusted for casemix. An RSI greater than 1 indicates that an average patient’s length
of stay is higher than would be expected given the jurisdiction’s casemix distribution.
An RSI of less than 1 indicates that the number of patient days used was less than
would have been expected. See Appendix B for further information.
Remoteness area: a classification of the remoteness of a location using the Australian
Standard Geographical Classification Remoteness Structure (2006), based on the
Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness
of a point based on the physical road distance to the nearest urban centre. The
categories are:
• Major cities
• Inner regional
• Outer regional
• Remote
• Very remote
• Migratory.
Removal from waiting list: the reason a patient is removed from an elective surgery waiting list. METeOR identifier: 471735. The reason-for-removal categories are:

- Admitted as an elective patient for awaited procedure by or on behalf of this hospital or the state/territory
- Admitted as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory
- Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)
- Treated elsewhere for awaited procedure, but not on behalf of this hospital or the state/territory
- Surgery not required or declined
- Transferred to another hospital’s waiting list
- Not known.

Repairs and maintenance expenditure: the costs incurred in maintaining, repairing, replacing and providing additional equipment; maintaining and renovating buildings and minor additional works. METeOR identifier: 269970.

Salaried medical officers: medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical officers engaged on an honorary, sessional or fee-for-service basis. This category includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent). METeOR identifier: 270494.

Salary expenditure: includes salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data were available.

Same-day patient: an admitted patient who is admitted and separated on the same date.

Separation: an episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation).

Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.

Separation rate: the total number of episodes of care for admitted patients divided by the total number of persons in the population under study. Often presented as a rate per 1,000 or 10,000 members of a population. Rates may be crude or standardised (see Appendix B).

Separation rate ratio: the separation rate for one population divided by the separation rate of another.

Separations: the total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death) or portions of hospital stays beginning or ending in a change of type of care (for example, from
acute to rehabilitation) that cease during a reference period. METeOR identifier: 270407.

**Service Related Group (SRG):** a classification based on AR-DRG aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.

**Specialised service:** a facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit. METeOR identifier: 269612.

**Student nurses:** a person employed by a health establishment who is currently studying in years one to three of a three-year certificate course. This includes any person commencing or undertaking a three-year course of training leading to registration as a nurse by the state or territory registration board. This includes full-time general student nurse and specialist student nurse (such as mental deficiency nurse) but excludes practising nurses enrolled in post-basic training courses. METeOR identifier: 270499.

**Superannuation employer contributions:** contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority to a superannuation fund providing retirement and related benefits to establishment employees. METeOR identifier: 270371.

**Surgical procedure:** a procedure used to define surgical AR-DRGs in version 6.0x (DoHA 2010).

**Surgical specialty:** the area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146.

**Trainee nurse:** includes any person commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse by the state/territory registration board. METeOR identifier: 270493.

**Triage category:** used in the emergency departments of hospitals to indicate the urgency of the patient’s need for medical and nursing care. Patients are triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR identifier: 390392.

**Type of non-admitted patient occasion of service:** a broad classification of services provided to non-admitted patients, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing and other outreach services. METeOR identifiers: 270395, 270502–270514.

**Visiting medical officer:** a medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 327170.

**Waiting time at admission:** the time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure. METeOR identifier: 269477.
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Related publications

This report, *Australian hospital statistics 2011–12*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

Statistics reported in the hard copy are more concise than those presented in the report prior to 2008–09, with smaller tables, and graphs and figures interspersed in the text. More detailed statistics can be found in the supplementary tables presented as additional tables online. See <www.aihw.gov.au/hospitals/>.

Accompanying the release of *Australian hospital statistics 2011–12* is *Australia’s hospitals 2011–12 at a glance*.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:


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Australian hospital statistics 2011–12 presents a detailed overview of Australia’s public and private hospitals. In 2011–12, there were about 9.3 million separations from hospitals, including:

- 5.5 million same-day acute separations
- 3.7 million overnight acute separations
- about 423,000 sub-acute and non-acute separations.

There were also 7.8 million non-admitted patient emergency services and more than 45 million outpatient services provided by public hospitals.